

JOURNAL OF MENTAL HYGIENE

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Mental Hygiene will also be using considerable information which will be sent to the public. With contributions and reviews of important books, noteworthy work of the general public will be presented. Reports of the members of the committee or treatment in the field and of the progress and discussed in an interesting manner. The work of the National Committee will be presented in a series of articles, and the work of the committee will be presented in a series of articles.

The National Committee for Mental Hygiene has been organized for the purpose of promoting the study of mental diseases and the treatment of the mentally ill. The committee has been organized for the purpose of promoting the study of mental diseases and the treatment of the mentally ill.

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MENTAL HYGIENE

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No. 4

THE RELATION OF THE SCHOOL TO THE MENTAL HEALTH OF THE AVERAGE CHILD*

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THERE has been a tendency to think of mental health or mental hygiene as something related primarily to sub-normal, psychopathic, delinquent, or markedly peculiar individuals and to consider a mental-hygiene program in the schools pretty largely from the standpoint of a psychiatric service, with a visiting teacher, school counselor, or social worker to make the connection between child clinic, home, and school. That this is a valuable and necessary part of the mental-hygiene movement in the school system there is no doubt, but it does not for a moment constitute the real and essential relationship of the school to the mental health of all its children, which is something organic and involved in the very concept of education itself.

Perhaps the greatest contribution modern psychiatry, particularly the psychoanalytic school, has made is not so much the scientific understanding and treatment of mental disease as the insight it has given into the behavior of the ordinary human being. Likewise mental hygiene becomes most important to social progress when its relation to the normal individual is recognized and its positive, constructive program for improving the adjustment of even the tolerably well-

* Read at the Fiftieth Anniversary Meeting of the National Conference of Social Work, Washington, D. C., May 22, 1923.

adjusted is appreciated. A mental-health program that applies only to the markedly abnormal indicates a lack of comprehension of what mental health really means and the fundamental psychology that it implies.

It is impossible and unnecessary to give here a detailed, consistent statement of the psychology underlying our generalizations about mental health, but perhaps one could summarize in an untechnical, common-sense fashion what are the fundamentals of mental health in any human being and from that vantage point consider its relation to the school.

Do we not think of mental health as practically identical with good adjustment? And by the well-adjusted person we mean an individual who is able to enter into personal relationships with sufficient ease and comfort to make them a source of growth and happiness and whose energy is free enough to find happy and effective expression in real work and objective interests. The individual who is not mature emotionally and cannot partake of group life and enter into adult relationships, or who is unable to make effective contact with reality, but puts most of his energy and attention on subjective conflicts, dreams, and wishes or auto-erotic satisfactions, is recognized as more or less poorly adjusted. He cannot get out of himself either in love life or in work life. He cannot free his attention and energy for objective uses and he finds it difficult to be personally happy or socially useful.

It is obvious that the person whom we call average may fall almost anywhere between two extreme limits, if only he manages to maintain himself in society. We accept him, no matter how unhappy or stained, no matter how peculiar, as long as he conforms sufficiently to keep afloat. Few individuals are so well adjusted that mental hygiene can be taken for granted in their lives. Under the label "average or normal" we can find in our schools children who are unhappy, timid, self-conscious, jealous, ill-tempered, solitary, given to daydreaming, moody, domineering, antagonistic, cruel—children in every possible state of unfortunate adjustment, but still tolerable to the group. Adjustment, however, is really a process, not a state, and never stays put. The child who is average to-day may be a problem to-morrow, depending

upon the changes that are taking place in the interplay of organism and environment. Likewise the child who seems to be a problem turns normal before our very eyes under the magic of changed social stimuli. Personality is dynamic; it is a response, a growth, an ever-changing organization of forces that at best only approximates complete success of adjustment. From this point of view mental health is as much a need of the average child as physical health and must be just as consciously a part of our plan for his development.

Our question is, then, what part does the school take in the building up of the child's adjustment to life and what responsibility is involved as compared to the influence and responsibility of the home?

Psychiatrists all agree that the effect of the first four or five years of life is vitally determining. Some even go so far as to say that nothing counts after that time. The fundamental patterns are laid in the child's relations to father, mother, brother, and sister and those first all-important experiences in the family circle. It is in the home that the child gets his tendencies to extreme dependence, to infantile interests and behavior, which prevent his going out to people whose attitude to him is not that of his mother, or hamper him in his efforts to make a courageous, aggressive attack on his environment. It is here that the child becomes intensely aware of his failure to meet the expectation of one or both parents, here that he experiences jealousy and inferiority when ousted by the new baby or put at a disadvantage by the more able, attractive, or better loved brother or sister....It is here that he develops fear, lack of confidence in his ability to solve his own problems, or a deep sense of injustice and oppression from failure or misunderstanding. It is during these first few years that he hits upon the particular form of defense or compensatory mechanism through which he blindly tries to solve his problems and adjust as best he can to the painful stimuli which he is unable to understand and master consciously.

Without for a moment underestimating the importance of this early conditioning of behavior, we may still see the possibility of reconditioning and the fact that later experiences also alter personality.

*Absolutely!
mine is!*

force or modify the early mechanisms. The school is the first adventure of the child into the real world, the first break from the family circle, the first experience in an impartial, impersonal atmosphere where he is judged on his own merits by a group of his peers. The school is, of course, not as fundamental as the home, but one can hardly overemphasize the crucial nature of its effect upon the child in this, his first standing alone. His failure to make the plunge bravely, his resistance to leaving the protection of the family, may be as determining at this point as the earlier habits which are of course responsible for the fact that this step is so difficult and so resisted. It is at this point that his resistances will either be reinforced to a much greater degree or materially lessened. It may even mark in extreme cases the fatal turning point in a life balanced delicately between regressive and aggressive tendencies.

For the success or failure of the child in his first attack on the larger social environment, the school and the primary teacher in particular are to a great extent responsible. For the mental health of the average child, it is absolutely necessary that teachers of children in kindergarten or primary class understand the critical nature of this experience in a child's life and deliberately try to control results so that no child is allowed to experience overwhelming failure, fear, shame, ridicule, or praise if it can be avoided, or permitted to stand out from the group in unwholesome ways either for punishment or reward.

Every child who enters school for the first time needs to get the feeling that he can maintain himself with a fair degree of success in the school environment. He must experience some sense of confidence and at-homeness if he is to develop normally. This will require considerable understanding and a great deal of skill on the part of the teacher, because much of the sense of failure or undue self-esteem comes from the reactions of other children and the rivalry and competition that are so easily set up.

Teaching, particularly in the elementary grades, is primarily an adjustment of a group of individualists to the idea of playing and working together. The amount of information will depend

largely upon how well this adjusting is done. In fact, the best teaching is impossible in any grade or with any group without some understanding of mental hygiene and the meaning of the child's attitudes, failures, successes, interest, or indifference, in terms of the earlier determining influences in his life and of the present effect of home life as well as school upon his behavior. John's failure in arithmetic, his favorite subject, may be due to laziness and it may be due to upset over the arrival of the new baby. Mary's indifference to geography may result from stupidity or from the fact that Sister Helen is particularly good in that subject and knows it. Henry's truancy may mean boredom or a violent dislike of the teacher or the presence of a stepmother and misunderstanding at home. Whether or not you are able to teach even the average child the routine subjects of the curriculum with moderate success depends more completely than the average teacher dreams upon his emotional adjustment to school, teacher, and classmates, and upon the relations existing between him and the various members of his family group.

Few teachers realize the determining influence, not only of the class routine and of other children, but even more of their own attitudes and personal adjustments, upon the child. If only one factor in a child's maladjustment at school can be changed, the attitude of the teacher will usually be found to be the most important and its alteration most immediately effective in bringing about improvement. In the teacher the child finds the parent, and if his relationship to his real parents is infantile or antagonistic or fearful, he will often tend to set up the same pattern with the teacher, perhaps taking out on her feelings that he has to restrain with his own father and mother. This means that the teacher has here not only the need for understanding the mechanism involved, but the opportunity for altering it. If the child can work out with an adult whom he respects a satisfactory and successful relationship, it is bound to affect favorably his entire adjustment. Not only does this demand tact and wisdom on the part of the teacher, it also requires a good personal adjustment. She must be free enough of her own complexes not to let them determine her reaction to the child. She must be kind, but not sentimental, friendly, but impersonal, not using

the child to satisfy her own emotional needs or relieve her personal feelings, and above all she must be patient and always interested. The teacher who is interested in her children in an objective way and is able to give them a sense of freedom and self-confidence in her presence will be as potent a factor in improving mental health as any the school can contribute.

There are two obstacles at present to the development of an attitude in the teacher that would make for mental health in the child.

✓ First, there is lack of knowledge and experience in the principles of mental hygiene. Normal schools are not teaching students how to interpret the irritating behavior of the bad boy or girl, nor are they making any attempt to apply mental hygiene to the personal problems of our future teacher. Unless the teacher gets for herself a vital psychology which she can apply, she has nothing with which to see below the surface, nothing to lead her beyond symptoms to causes except such unmeaning labels as liar, thief, truant, incorrigible, feeble-minded, peculiar, and the like, all of which may relieve her feelings, but contribute nothing to the understanding of the situation or to the adjustment of the child.

✓ The second obstacle is the inevitable conflict between the mental-hygiene interest and the teaching interest as it exists to-day in most public schools. According to our present policy, the attention of the teacher is supposed to be directed toward the teaching of certain subject matter to every child in the same way and within a limited time. The behavior of the child receives attention only when it interferes with what the teacher is struggling to accomplish and is naturally a source of extreme irritation which tends to provoke repressive discipline directed toward the immediate symptoms rather than interest in understanding and correcting the cause. Only the substitution of an interest in educating the child as a whole for the interest in teaching a subject to the child would permit a development of the mental-hygiene point of view in the teacher. If the teacher were allowed to think of education as primarily a matter of the child's growth and adjustment and concentrate on the process whereby he could most successfully develop in the school environment, his bad

behavior would be a legitimate part of her job and as full of scientific interest as his good behavior. The chemist is not annoyed with a chemical for exploding in a certain situation; he merely seeks to understand it so that he may control it in the future. So, too, the teacher whose attention is on the process is not irritated with John because of his antagonistic attitude, but scientifically curious as to its basis and intent upon understanding and altering it.

Justification for the expense of such a revolutionary shift of emphasis and attention, requiring as it would smaller classes and more and better trained teachers, lies in the fact that without it teaching is bound to fail pretty completely in many cases and partially in many more because of uncorrected, misunderstood emotional maladjustments.

If the interest and proper mental attitude of the teacher could be taken for granted, with all that would thus be contributed to the advancement of a mental-hygiene program in the schools, there would still remain a connection between the school and the mental health of every child which is unique and which can be supplied by no other agency—not even the home, except in very limited ways.

According to the psychiatrist, next to the type of love and hate patterns which are laid down in the first social experiences of the child in the home, the most important factor in his sound development is the appearance and growth of sublimating interests. It makes no practical difference whether one conceives of these interests as being original or derived from suppressed, socially unacceptable primitive urges. The fact remains that they are essential for effective contacts with reality and that absence of such interests means regression to lower levels where less effort is required and satisfactions are obtained in auto-erotic, subjective, or antisocial ways. If the daydream is the symbol of evasion or withdrawal from reality, interest is the symbol of objective relationship with reality; it represents our most substantial hold on life. (It is very hard to control the adjustment of human beings on the love side.) Personal relationships, however fundamental, do not lend themselves to objective control easily, but the very essence of an interest is objectivity and the most natural field for its cultivation is the school.

It is obvious that by "interest" is meant not any subjective inner state, but rather an active, freeing expression of energy, in definite, organized ways which lead ultimately to a practical control over some phase of the objective world. It is only through the development of actual controls, definite techniques for getting himself over successfully, that the child is able to free himself from the infantile dependence and subjective methods of control which he exercised over his family when crying or tantrums produced desired results with no related effort on his part.

Bank The modern home, even the rarest and best, cannot fill this need for growth of interests completely, because of its limited activities and because of the lack of guidance by an adult who understands how to let the interest of the child accumulate body, persistence, richness, pattern, and technique. The home suggests interests; it seldom really cultivates them; and the interest that is only potential is likely to produce day-dreams or a sense of impotence, not concrete results.

There is another reason also why the school is or ought to be the most appropriate place for the development of objective contacts with a real world. At home everything the child does is the subject of personal praise or blame rather than impersonal criticism or appreciation of the product. It is usually not, "What a good boat!" but, "What a good boy to make such a fine boat!" The adoring parent can hardly keep from referring praise or blame back to the child or from contrasting the work of one child with that of another, to the disparagement of one or the other.

In the home atmosphere, where personal approval or disapproval counts so supremely and where the friction among brothers and sisters of different ages and dissimilar interests interferes constantly with the attainment of results, it is hard for the child to become entirely objective in the carrying out of his interests. The approval of loved ones or the discomfiture of rivals is too inevitably an important part of the end sought.

It is true that in the ordinary school to-day the same subjective appeal and motivation by competition, praise or blame, punishment or reward, still persist. With the commonly accepted idea of education and methods of teaching,

no other way is possible. There is little in the individual mastery of so many facts in history, science, or geography, or in the memorizing of so many tables—except the superiority over other children which successful performance gives and the approval of parents and teachers—to utilize the instinctive drives or develop the natural curiosities into genuine interests. There is still less to give children the comfortable objective atmosphere, free from the strain of competition, with its resulting inferiorities and superiorities, which comes from working together on a common problem—a problem that is their own and whose solution has a value in itself for each child independent of his personal share in the process. This does not mean that the child gets no personal satisfaction from the success of his individual efforts, but emphasis is put where it belongs—on the object, the result, not on the qualities of the persons who take part in producing it. Criticism is impersonal because it is directed to failure of the work to attain the child's own end, and praise is of the successful solution, not of the successful child.

Transferring attention from personal achievement to objective results is almost impossible of attainment when the work of the school is such that it is pursued individually and independently by each child with competition as its chief motivation. Only when the child is one of a group working together to attain a common purpose can the balance of attention be kept away from the person and on the process and its outcome. The home is essentially a personal situation, and group endeavor is not easy to set up because of the variety in age and interest and capacity; also because of keen rivalry among brothers and sisters for the approval of the parents. But the school does offer in its very nature the possibility of a different development in which children of similar interests can submerge rivalry in a common end, the failure or success of which constitutes its own reward or punishment.

Freeing the energy of the child for objective uses, through group development of as many interests as possible, is in my opinion the school's primary obligation, and would constitute corrective treatment for child justed as well as im

Down
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viduals. This cannot be done without the kind of change in the point of view and attitude of teachers that has previously been discussed, but it is also true that the teacher would be balked in the carrying out of her own new interest unless she were allowed to change the whole teaching method as well as the subject matter taught. Giving John a grip on real life through the organized expression and drive of some interest that is his own is not identical with teaching so much reading, writing, and arithmetic as it is done in most of our public schools to-day, nor does it mean the mere introduction of more hand work, although that alone is a great help to a certain group of children. It does involve, however, some thoroughgoing organic point of view like that of Dewey or Kilpatrick, which treats education as an experimental scientific process, demanding a constant reshaping of theory and reforming of practice from year to year.

An illustration will do more than anything I can formulate to indicate what is meant by teaching that of itself not only educates the intellect, but promotes better balance and adjustment of the emotions.

Carson College, an institution for the care and education of orphan girls, located in Flourtown, Pennsylvania, and directed by Miss Elsa Ueland, has developed an experimental school for its own children which covers the grammar grades. It conforms to public-school standards sufficiently to be able to enter children who are going to high school in the first year or second year. It also provides, in the same school, for children who are not suitable for high-school training, but who are in no sense below the dull-normal level. Various schemes have been tried for separating the classes into groups according to intelligence ratings, but such division, particularly among the older girls, was the cause of much unhappiness and sense of failure and humiliation. In so small and intimate a group—there are about 75 or 80 children altogether—it was impossible to prevent comparisons and derogatory labeling. From successful experiments in combining younger children of varying degrees of intelligence in classes, the school authorities came to the opinion that if they had a common project that they could work on many different

levels, the feelings of inferiority and failure could be greatly reduced and the brighter girls could still do just as much as their ability permitted. The teacher who undertook this task had taught in our regular public-school system, and had, of her own experience, come to the point where she wished to abandon old methods. She had no special training to fit her for the task, and it was for her as much of a project as for the children. The class work was to center about a printing press and the development of real workmanship in printing. The children understood that they were working out an educational experiment, and entered with enthusiasm upon the activities that were to result in the final printing, illustrating, and binding of a book of their own making.

About the technique of printing and the writing of the book were organized history, geography, spelling, composition, word study, and the like. The children went to other teachers for arithmetic, science, music, and physical training.

The class consisted of ten or twelve girls from thirteen to sixteen years of age, with intelligence quotients ranging from 75 to 105. Several of the duller children had never done academic school work well and had been as badly adjusted as they were retarded. Two of them were well up to the average in ability, but had been serious behavior problems in school and at home and had, consequently, done poor school work. The rest were average, ordinary, well-adjusted children.

It is impossible here to indicate the richness and variety of material that was drawn into this printing project and how the children from the first worked at it as a common task. No one activity was deemed any more important than the rest. They were all after certain things, for their joy and satisfaction from contributing in any way, from cleaning the printing press, to writing a chapter in the book. They accepted the task of simple printing, and thus learned to make linoleum cuts. Some of the designs were copied and some original. They were doing a cut over five inches long. The teacher was satisfied. (The children were also learning, for

ards of a workmanlike product. Printing for other people had to be accurate, and their book must have no errors that they could prevent. Into the book they put the story of their discoveries and experiences—all that they had learned about the printing press, the technique of printing, the history of its development, the jobs they had undertaken for other people, the words they had looked up, the accounts of their trips to paper mills, museums, and commercial printing plants. There was not a girl who did not succeed finally in writing something that was worthy of the book. The most stupid girl in the room, from the standpoint of former class work, was the best printer in the group. There was no one who did not find expression in some phase of the job, and no one who did not get something out of the general work of the class. Each one worked independently, and yet all worked together. Every one got credit for accomplishment, yet no one got a sense of purely *personal* failure or success.

The teacher says that there has never been any standing out of individuals in unpleasant ways, but an unbelievable absorption in what the class as a whole is doing. This, the most difficult heterogeneous class in the school, has developed into a smooth-running, interested, harmonious group. The schoolroom has the atmosphere of a busy, well-ordered workshop. Every one is doing something. Two girls are looking up reference material in history books; another is chewing her pencil in the concentrated effort of composition; several groups are setting the type; one is working on a linoleum cut; and the rest are getting ready to print an illustrated page of the book. There is quiet conversation and moving about, but no sense of disorder. The teacher is not in evidence. A girl has just discovered in a corner working on some part of the book. The class is organized for purposes of workshop management. Nothing is put into the book without class discussion. There is a printing foreman and a bookkeeper. Every one has some new jobs as they arise and volunteer through interest. The teacher has finally decided

There is no doubting the reality of the poise, self-direction, and objectivity of the work that is going on in this classroom. The effect on the visitor is instantaneous and convincing. But what is not apparent, unless one knows the previous histories of the children, is the change that has taken place in certain individuals through this opportunity for objective expression in an impersonal group activity. The effect on the duller girls has been striking. They have actually learned to do things of which they have never before been capable in the way of ordinary reading, spelling, and composition, and the self-respect that they have found in successful functioning side by side with the girls who are destined for high school has had a marked effect on happiness and general behavior. It is noteworthy that this change extends to other classroom work which is not a part of the printing project and has even been felt in home adjustments.

Two or three girls who, although not seriously below the average in intelligence, had never seemed to be suitable candidates for high school, developed so surprisingly that high school is now taken for granted. The two girls whose behavior was the fundamental difficulty have been the most pointed illustrations of the possible contribution of education to mental health. In one case stealing, lying, absolute irresponsibility, and general looseness of attitude and behavior have given place to an organized, well-directed effort and results that show accuracy and workmanship. Other influences at home have undoubtedly contributed, but the fact remains that never before has any combination of influences been able to bring about an integration of this girl's personality. Her restoration to normality extends to other classes and to her home life. Stealing, as well as other bad habits, seems to have dropped out completely.

The second girl, able and attractive, but timid and inhibited to an unusual degree, had always been a problem because of obstinacy, temper spells, and absolute refusal to express herself verbally in class without a downright struggle. It is this girl who has been the printing foreman. She has developed an interest in the work, a quiet authority, and a self-confidence that have astonished the teachers who used to labor with her in her spells of resistance. Even a slight

speech defect which added to her general sense of inferiority and made her unwilling to talk in class seems to have been improved, and her sense of responsibility for the work takes her over into verbal expression with very little of the old inhibition. Needless to say, this general experience has done much to reduce the irritability and tantrums.

No one at Carson College will claim that these adjustments are due entirely to the printing class and its rarely impersonal, objective teacher. They only know that somehow problems have been solved this year that they have worked on in vain before, and the center of these adjustments seems to be the new experiment with printing.

In this account of everyday children one can see that mental health depends upon getting impulses and intelligence at work on realities, objective situations, always with the understanding that objective situations are essentially social situations. The expression and organization of the energies of the child with reference to his home and family are, of course, of prime importance, and if they are misdirected, repressed, or overweighted, will make the school's task doubly hard, but the fact remains that it is in such cases that the school is the child's best hope of salvation. If the school offers no freeing process, no actual development of powers that will give the child at least some genuine contacts with and control over realities, what basis has he for any but a subjective or destructively objective growth?

The young child finds the expression of every interest fraught with difficulty; talking, eating, walking, running, throwing, catching, all are problems to be solved. Every creative idea or potential interest has to be materialized with effort, because of inexperience, lack of tools, habits, and even the requisite motor coördination. Just stop to realize how intense a child's desires are, how comparable to an adult's in strength, and how ridiculously ill equipped he is to realize them. You can see how necessary it is not to put obstacles in the way of those driving impulses, not to make reality any harder than it is, so that fictitious or subjective forms of satisfaction alone are available, but to assist them to acquire definite tools for getting expressed factually in as many directions as possible.

Children are full of desires to act on every kind of environmental situation. There is no limit to what their interests may include and never any one fixed, necessary form of expression. They can find creative outlets—a sense of successful activity, control, development, and joy—in manifold directions. It remains only for the educational process to provide the suitable environment, the material on which to work, and the guidance that prevents the acquiring of tools or technique from being an insuperable or over-discouraging obstacle. Children thus educated to an objective use of their powers have the best chance of acquiring the balance and control, the confidence and freedom, the capacity for dealing with the environment in terms of fact, which are fundamental to social adjustment and which, unless family relationships or early conditionings are unusually hampering, will make the defense mechanisms common to childhood less and less necessary.

The only practical and effective way to increase the mental health of a nation is through its school system. Homes are too inaccessible. The school has the time of the child and the power to do the job. It is for us who represent mental hygiene and its application through social case-work to help the school and the teacher to see their vital responsibility for an education that shall mean the personal adjustment of the individual through the activities of the group.

CADET PROBLEMS*

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IT has been suggested that a discussion of psychiatric problems at West Point, though they do not differ essentially from student problems met with at other colleges or universities, might be of interest in view of the rather frequent mental upsets encountered in a group of carefully selected adolescents, all in excellent physical health, living under conditions of ideal physical hygiene, but subjected alike to a very exacting military routine. Some idea of the relative incidence of nervous disorders may be gained from the statement that during the spring and winter months they are encountered second in frequency to acute respiratory diseases, while during the fall and summer seasons, they are outnumbered only by minor injuries incurred in outdoor athletics. Frank mental disease is uncommon; one psychosis a year is about the average, and during the last four years these have all been of the dementia-praecox type. With the exception of psychoneuroses and mild depressions, the problems are largely those of behavior—of acute reactions to the stress of the local situation.

For the benefit of those who are not acquainted with the Military Academy, it may be of interest to sketch briefly cadet life in order that we may have a background upon which to project our case material.

West Point is built upon physical training, discipline, and honor; upon this tripod rests a superstructure of academic instruction. Throughout the academic year the cadet's duties are so completely mapped out for him that there are few moments he may take for himself. And not only are these duties laid out in the minutest detail, but the hour and moment at which each duty shall be performed are also specified. There is a time for eating, a time for sleeping, a time for study, a time for recitation, a time for drill, and a time

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for exercise, and if any moments are left, a time for rest and reflection. The schedule moves with clocklike regularity, and the slightest deviation on the part of the individual from the prescribed order is met with appropriate penalty. The training in general is divided into two departments, military and academic, and the academic sections are so arranged (twelve men to a section) that each cadet is called upon to recite in every subject each day. The whole scheme is competitive, relative rank at graduation being based upon military and academic standing during the four years.

The feature of which West Point is most proud is her honor system. This stands out above everything else. For more than one hundred and twenty years, the Military Academy has set an example for honor that every school in the country would do well to follow. No pledges are required; the code is simply handed down from class to class by word of mouth, and all matters of honor are handled by the cadets themselves.

Opportunity for diversion is found chiefly in outdoor athletics, which are compulsory, moving-picture shows held on Saturday nights, and carefully chaperoned weekly hops. With the exception of an occasional twenty-four-hour pass granted to members of the first (senior) class, and a ten-day Christmas vacation for the three upper classes, but one furlough (a twelve weeks' leave at the end of the second year) is allowed during the entire four years. Such a program affords little opportunity for contact with the outside world. Relations with the opposite sex are most carefully supervised; smoking, except in barracks, is taboo; and alcoholic indulgence means dismissal. The power that enforces these regulations is the code of honor of the Corps of Cadets. From the foregoing one may get some idea of the cloistered atmosphere at West Point.

How does the cadet react to such a system? Much depends, of course, upon what has gone before. The average stable lad, the one who has hitherto made good adjustments, will have the best that is in him brought out. The well-regulated life and the physical training mold him into a splendid, healthy animal, while the high standards of honor serve as an unfailing guide to character, for which the Military Academy is so justly famous.

There are in general three sources from which our material comes: first, there is the individual who has always been out of adjustment and who wanders into the Military Academy quite incidentally; then there is the boy who has never had serious difficulties, but who may have a latent nervous defect which will be brought out by the rigorous system of training; and finally there is the lad who has come to West Point in the hope of having some of his problems solved.

West Point has a reputation for making men, and it is just this reputation that attracts a large group of youngsters (larger, perhaps, than obtains at any civilian school) who have been made to feel that they fall short of this manly standard. "If I can just go through the United States Military Academy", we can hear one of these lads say, "the whole world will have to admit that I am really a man after all." And most of this group really make excellent compensations. But if for any reason the compensation breaks, there is serious trouble ahead. It will not do for an individual of this type, having met disillusionment and rebuffs, to lapse into his former habit of withdrawing contact from his fellows. In the civilian school he may say to himself, "I am not wrong, but the world is wrong. I am too good for these men." And he may retire to a little world of his own making. But the cadet must be a gregarious animal; there is perhaps no school in which the herd instinct makes such insistent demands.

From what has been said it will be obvious that West Point is a fertile field for incipient nervous disorders. No system can take a group of young men, dress them alike, teach them alike, drill them alike, and grind them through the same machine, without breaking a few of them. Fortunately conditions for observation and general supervision of cases could hardly be better. The medical department is the one flexible link in the military chain; the doctor is custodian of the keys that open the door to escape; the hospital is the safety valve. One does not have to go scouting about for evidence of strain; the schedule is so rigorous that the cadet is only too glad to consult the physician upon the slightest pretext, in the hope that he may be excused from drill or be admitted to the hospital for a few days' rest. And

there is something very satisfying in working with these youngsters. They are unquestionably the cleanest, the most honorable, the best disciplined body of young men in the country. One does not find among them the backing and filling, the evasion, the resistance, so common in private or institutional practice. A cadet's statement is invariably true, and one can depend upon instructions as to treatment being carried out to the letter.

In describing cases, I shall attempt to bring out only the salient points, omitting all material of negative value.

Of the psychoneuroses, conversion hysteria is the least common, but three cases having occurred during the past four years. This checks up very well with our war experiences, from which we learned that hysteria was far commoner among the enlisted than among the officer personnel.

Cadet "B" was admitted to the hospital in an acute hysterical convulsion from which he was promptly relieved by a hypodermic of sterile water. Examination showed nothing except very well-marked signs of hypopituitarism, including a somewhat infantile facies, female-type pelvis, and an effeminate personality. Following the hysterical outbreak, he developed headaches, for which he was treated for two months unsuccessfully by psychotherapy and pituitary feeding. At length he was granted sick leave, from which he never returned. This boy appears to be one of those individuals to whom I have previously alluded—a lad striving for recognition of his manly qualities, the existence of which he had some reason to doubt because of his endocrine heritage. Doubtless his colleagues at West Point were not long in discovering that which he himself had long suspected, and in a moment of stress his compensation broke. The case of Cadet "B" is mentioned because it illustrates so well the inferiority mechanism which is probably at the bottom of more nervous and mental disorders among the cadets than any other single factor.

Cadet "C," a plebe, was brought to the hospital complaining of pain and blindness in the left eye. There was nothing of importance in the family or personal history, and physical and neurological examinations were entirely negative. When first seen, he had a bandage over his eye, and it was not with-

out some difficulty that this was removed—the patient fearing the effect of light. The eyelids, which were in spasm, were forced apart and inspection revealed no evidence of inflammation or other abnormality.

“Well, Mr. ‘C’ ”, I said to him, “tell me how this trouble came on.”

“It came on this morning, very suddenly, sir. I was seated at the breakfast table and an upper classman tossed me a drinking glass. I missed the glass, sir, and it fell to the floor and broke; whereupon the table commandant said, ‘Mr. ‘C’’, what’s the matter with your eye?’ Immediately I felt the pain in my eye and could not see.”

In this individual, the pain and blindness cleared up during a fifteen-minute interview in which it was explained to him how he had become ill. One might suspect malingering in a case of this sort, but from two years’ observation of the boy since his illness, I am convinced of his honesty.

Under the heading of psychoneuroses, I have grouped all disorders characterized by symptoms for which no organic basis could be found. Though they are brought out by stress at any time during the academic year, they are most frequently met at examination season. Let us see what it means for a cadet to fail. Unlike the civilian college, a great deal of publicity attaches to an appointment to West Point. The appointee is the recipient of congratulations from all his friends and the propaganda is quickly taken up by the local newspapers. From the time of his appointment, the candidate becomes the representative of a proud community. A great deal is expected of this boy; he is burdened with a tremendous responsibility. One can visualize the talk and stir, the receptions and dinners given in his honor, the words of advice, and even the boy’s final departure, accompanied to the train, perhaps, by the village band. How different his reception at West Point, where he is greeted by an upper classman with a “Get your chest out, drag in your chin, suck up your guts, and say ‘sir’ when you address your superiors.” To all of this bantering he can accustom himself during his year of plebedom, but when examination time comes, he may discover that his preliminary preparation in mathematics has been rather scanty, that French and English are

not the easy subjects they were in high school. He feels himself slipping, but he cannot fail. What will they say at home? After all that has been expected of him, he simply cannot go back and face the music, an acknowledged failure. And so the storm clouds gather. When disaster looms ahead and ruin seems certain, refuge is sought at the hospital. And they come with all manner of symptoms. Time does not permit description of individual cases of this type; the same defense mechanism runs through them all. As an example of the affective tension in face of failure, I recall two occasions on which cadets consulted my opinion on a point of honor. The question raised in each case was whether or not it would be honorable for one to break one's leg in order to get into the hospital and thereby avoid being "found" for demerits. The cadet cannot accept academic failure, but physical failure is a different matter; it offers a way out that does not involve disgrace. With reactions of this sort, effort is made to get the individual to see that he is really only substituting one difficulty for another, and above all, to get him to face the situation squarely and upon the same level at which it arises.

As might be guessed, the monastic environment of West Point is highly conducive to frank sex problems. There is practically no opportunity for normal sex expression at West Point, and furlough comes but once in four years. A homosexual outlet must, of course, be considered, but one can only speculate as to the extent of homosexual practices; theoretically, perhaps, they should be commoner than at civilian colleges. However, I have never met a conscious homosexual problem among the cadets, and so far as known, such a situation has never come to light. A great many have found excellent sublimations for unconscious homosexual tendencies and the partially sublimated types undoubtedly make up a considerable number of the depressions and psychoneuroses.

Auto-erotism is the sex problem about which the physician is most frequently consulted, and with the exception of those cases in which it is a symptom of a more malignant disorder, there is no problem that is more easily or satisfactorily handled. All of these individuals are suffering from misinformation and fear, and treatment is simply a matter of re-

moving the element of fear by a candid statement of the truth. During the past two years there have occurred three cases of this type who were well on the verge of suicide as the best means of escape. Nothing is more gratifying than to see the manner in which these youngsters respond; and it is rarely necessary to see one of them a second time.

A word or two might be said as to the general lines of treatment of the nervous disorders. We are not committed to any particular school of therapy; suggestion, persuasion, rest, reëducation, all have a place, while the inculcation of a more wholesome philosophy of life often meets the situation. As to psychoanalytic treatment, lack of time on the part of the cadets and lack of experience on the part of the physician forbid anything except a rather superficial study, but, fortunately enough, a superficial study is all that is required in a great many of the problems. I refer particularly to the acute situations arising incident to the stress of the military regimen—such, for example (though they are not all so simple) as the case of the boy who went blind after breaking the water glass.

Dismissal from the Academy for any cause is unquestionably a greater tragedy for the individual concerned than failure at a civilian college or university. A prominent physician whom most of you know, and who served as a medical officer during the war in charge of a very important department, can tell you of a doctor whom he had known for the greater part of his life, and who had never displayed anything but mediocre ability. During the war this very ordinary doctor became a medical officer and was sent overseas, where he showed amazing ability in positions of great responsibility. When asked how he explained such unsuspected talent, he replied, "Well, twenty-five years ago I was 'found' at West Point and I have been waiting all these years for an opportunity to come back and settle an old score by making good on a military job." This man had indeed found himself—but twenty-five years is a long time. Could not that time have been shortened, if some one—preferably, of course, an officer on duty at the Academy, but one with some understanding of adolescent reactions—had talked the matter over with him before he left? I do not know. But this story is

the one I have in mind when interviewing those who are about to be dismissed for academic failure. Conditions do not permit spending more than a few moments with each man, but I believe even that is worth while. A great many of these lads have, for emotional reasons, selected a career for which they are in no sense qualified. Effort is made to get them to see that the real mistake was not in failure, but in the selection of a vocation. Mention is invariably made of some of the men who have failed at West Point, such as Whistler and Edgar Allan Poe, who later achieved fame. Owing to the difficulty of following up the cadets who fail, the question of whether or not anything is really accomplished by the final interview is one that cannot be satisfactorily answered. However, it can be stated that a considerable number are dissuaded from the idea that life must be begun by running off to South America or Australia.

The prevention of nervous and mental disease at West Point is a problem worthy of more intensive study than it has received in the past. As a military academy, West Point ranks second to none in the world, but after all it is a military academy and not a university. Colonel Steese, in his memorandum prepared in answer to the criticism of the teaching system offered by Dr. Eliot, states in part:

"We admit that West Point is hard, and we admit that it is narrow. Its object is to turn out raw material for officers, not dilettanti, and accordingly it specializes in character, not manners. We consider that it is well at least one institution should continue in the United States which holds that the *duties* of its students are more important than their *rights*."

One naturally hesitates to recommend changes in the interest of the mental hygiene of the less stable which might undermine the character training and discipline so indispensable to the training of an officer. After all, the system must be one of elimination, for only the strong are wanted, and if it happens that now and then the weak are broken, is not that the price that must be paid for the production of officers of the highest standard? Against the product one must weigh the price; during the year 1920 there were two suicides in the Cadet Corps—since that time we have been thinking more about mental hygiene. Of the various factors

conducive to mental disorder, West Point has isolation, a rigid discipline, monotony, and an almost total lack of opportunity for individual expression. On the other side of the balance, the Military Academy can boast a training in regular habits, an unparalleled physical education, excellent sanitary supervision, an *esprit de corps* second to none, and most important of all, a training in honesty. Character in itself is no infallible safeguard against mental disease, but if one is honest with one's fellows, one is more apt to be honest with oneself and to face one's problems squarely. Of tremendous value in the program for mental hygiene is the division of the Cadet Corps, for the purposes of academic instruction, into small sections, with an instructor in charge of each section. In this way, early signs of maladjustment are observed and reported to the physician. Actual instruction in mental hygiene has a place in the regular course in general hygiene and this is supplemented with lectures by visiting psychiatrists.

Radical modification of a system of military education which has been in vogue for one hundred and twenty years is not likely to come about in the near future. However, the general trend is in the right direction. Experience gained from the training of a citizen army during the World War has taught the regular army the importance of studying the individual in his relation to the group. The fruits of this experience are more and more to be seen in the training of the regular officer.

ON THE PSYCHO-SEXUALITY OF COLLEGE GRADUATE MEN

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EVEN the elementary facts of a person's sex history usually come to light only in the setting of a clinical examination. Elementary facts of sex development in average individuals, even in normal groups, are to science practically a closed book. Outstanding contributions are Havelock Ellis' "histories", but they are of such heterogeneous material as to throw little light on normal situations. One body of data comparable to the present is known to the writers—from the work of Meierowsky regarding the age of incidence of masturbation and coitus in German students.²

The individuals discussed in this paper constitute some three-quarters³ of a total group of almost 250. So far as known, they were unselected from the total group. Their ages are distributed as follows:

<i>Age in years</i>	<i>Per cent of cases</i>	<i>Age in years</i>	<i>Per cent of cases</i>
Under 21	5	26	6
21	20	27	4
22	25	28	2
23	17	29	4
24	8	30 and over.....	5
25	3		

¹ The collaborator first named organized the questionnaire and obtained the data from the individuals. These data were then turned over to the second named collaborator who evaluated them as here described and prepared the text of the report.

² Quoted by L. Loewenfeld in *Über die Sexuelle Konstitution und andere Sexualprobleme*. Wiesbaden: Bergmann, 1911.

³ This and other statements are couched in indefinite or percentile terms with a view to obviating identifications. They are, of course, based upon more precise data.

Practically all are college graduates. The ages attached specifically to the individuals replying to the questionnaire are not known.

The present inquiry was made as part of a more general personality study of one of the more favored social groups, and was one of a number of similar studies that have been recently undertaken. At a meeting called for the purpose, the men were given a short talk on the general objects of the investigation and two questionnaire papers were distributed, which they were requested to fill out and return before leaving the hall. The first questionnaire followed roughly the outline of personality study ordinarily carried out in neuropsychiatric examinations, and was to be signed. The second or sex questionnaire was to be left unsigned, and it was suggested that the answers be printed to avoid any concern over identification of handwriting. It was specifically stated that the inquiry on sex was of a research nature and would probably be of little value to the men themselves. They were told that the inquiry was not concerned with their individual sex problems except that aid and advice would be readily given when it might be requested. The attitude toward the inquiry was satisfactory. The men uniformly took the matter seriously and coöperatively, with expressions of approval and interest.

The questionnaire method in some form or other is the only practicable approach to the question at present. The essential issue is the reliability of the responses to the questionnaire. Some of the questions involved here are predominantly objective, others predominantly subjective. An example of the former would be an inquiry as to date of marriage. That is essentially a question of fact in the subject's history, the answer to which is likely to be known within practical limits. The subject almost necessarily gives a substantially correct answer or a consciously false one, or he ignores the question. Other questions are predominantly subjective—*e.g.*, Question Q, item 21, of the present series. Here a valid answer depends on the subject's ability to analyze his own mental processes. This is a difficult enough matter apart from the prejudices involved in the attitude

toward sex. The writers' opinion, based upon both observation of the individuals and examination of the data, is that the objective answers in this material can be taken at not far off their face value. The subjective answers must be taken with more reservations and their meaning is often indirect.¹

A questionnaire of this nature must be presented to those who are to respond, before the responses are called for, in an introductory talk such as that above described, so that their willingness to coöperate may be assured. It is the general opinion that upon this presentation depends much of the freedom with which answers will be given. It is an essential condition of answering freely, also, that the questionnaires shall be left unsigned. Between 5 and 6 per cent did affix their names to the present one.

As the questionnaire is constructed, it contains 22 questions, but these separate into 29 items on which information is sought. Question A, item 1, reads: *At what age do you first remember having an active interest in sex matters?* The replies are as follows:

Age in years	Per cent of cases	Age in years	Per cent of cases
6	1	15	11
7	3	16	5
8	3	17	7
9	2	18	2
10	6	19	0
11	6	20 and over	1
12	17	Unclassifiable	2
13	11	Omitted	1
14	21		

¹ In the tabulation of these data, the processes were uniformly carried out once—i.e., were not checked. Some subjectivity in the ratings is unavoidable. To get an idea of its extent, 25 questionnaires totaling 725 answers distributed through the series were retabulated and compared with the figures entering into the present results. The total of such discrepancies observed was 6.5 per cent. Two and one-half per cent of these were confusions of the symbols for "unclassifiable", "inapplicable", and "question ignored"; three and one-fifth resulted from differently interpreting a somewhat vague answer that might be taken in more than one sense; eight-tenths of 1 per cent resulted from confusion of the code symbols adopted for various types of answer. The first and third classes of discrepancy resulted from the difficulty of holding in mind the many somewhat arbitrary symbols hardly separable from the statistical treatment of these data. Their effect on the results is insignificant. No discrepancy was observed in the notations of a direct, quantitative answer.

Such a question is predominantly subjective. There is room for some casuistry on how "sex matters" shall be defined. Some part of the variations in the answers is doubtless due to different interpretations of the question. Similar factors stimulating sex interest can hardly be at work throughout. The most generally determining factor in these answers seems to be the process of puberty. The distribution shows a gradual rise to a distinct mode at fourteen years with a somewhat more rapid decline. It will be noted elsewhere that fourteen is a critical year in other aspects of psycho-sexual history.

Question B, item 2, reads: *Did you have adequate instruction in sex hygiene?* As there is no objectively "adequate" instruction in sex hygiene, the substance of this question is whether the subject ever experienced difficulties that he feels might have been modified by fuller information on the subject. The majority—57 per cent—seem to feel that they would have been helped by fuller information than they had; 40 per cent do not consider this to be the case. With regard to the group of "inadequate" instruction there are two possibilities: one is that there was really very little information; the second is that the subject "projects" upon inadequate information what was rather an inability to utilize the information he possessed—"*Video meliora proboque, deteriora sequor.*" The negative answers probably consist in part of those who know that they had less information than their fellows, and in part of those who have encountered perceptible difficulties in their sex adjustments and are inclined to project these upon the environment.

Question C reads: *At what age and from what source did you acquire such information?* This divides into items 3 and 4, concerned with age and source respectively. The wording would refer specifically to the "adequate" information of the preceding question. Positive answers are given by 58 per cent. This is more than said they had adequate information and the question seems to be generally understood as referring to principal information apart from its adequacy. The ages at which such information is reported as acquired are distributed as follows:

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Age in years	Per cent of cases	Age in years	Per cent of cases
6	½	15	6
7	1	16	7
8	½	17	2
9	1	18	3
10	6	19	2
11	1	20 and over.....	2
12	8	Unclassifiable	11
13	6	Inapplicable	5*
14	11	Omitted	26

The figures follow the general lines of those for "active interest". They stretch out to older years. The number of irregular answers is noteworthy—42 per cent of the total. Here and in similar cases it is a serious question how far the facts in these irregular answers would alter the findings more definitely given.

The sources of information, item 4, are more definitely stated; only 11 per cent of the answers are irregular. In a number of instances more than one perceptible source is mentioned. The following gives the percentile frequency with which the various sources are mentioned:

Books	12	Home	27	Unclassifiable	½
Companions	28	Physician	3	Inapplicable	3
General	8	School	12	Omitted	5

The bulk of the answers go to companions, home (mostly father), school, and books, in the order named. The home, to which the individual most naturally looks for guidance in this sphere (item 6), is mentioned in 27 per cent of the answers. There is no mention of religious sources.

Question D reads: *Do you think serious instruction should or should not be given on these matters? By whom?* It divides into item 5, the policy, and item 6, the source. The "official" answer regarding the policy is the positive one, which is given by 96 per cent. Four answers are negative, the responses occasionally reflecting a cynical attitude. Difficulty in assimilating the available information is the most natural interpretation of such replies.

* This category includes responses where the question is or seems "inapplicable" to the person replying. Thus, in the present case, inadequate instruction reported in item 2 might be regarded as making items 3 and 4 "inapplicable" to those so answering. To a person denying masturbation, questions regarding its incidence and duration would be "inapplicable".

In respect to the preferred source of instruction (item 6), there is a tendency in one direction, as follows:

General	¼	School	19
Home	56	Unclassifiable	8
Physician	12	Inapplicable	2
Priest	2	Omitted	1

The home, regularly the father, is named in 56 per cent of the questionnaires. Various educational agencies are next, with 19 per cent. Noteworthy is the slight representation of a religious setting, as well as the few who ignore the question, outside those who think instruction should not be given. Certain rather pertinent suggestions are made. One response prefers the older brother, when possible, to the father, for reasons easy to reconstruct. Another enumerates various critical ages when the father's instruction should enter. One recites the mother as the actual source (item 4) and the father as the one preferred. Another recites the mother as the preferred source; another "both parents so as to get both sides of the question". Three are specifically against instruction by parents; one emphasizes that he would not believe them.

Question E reads: *At what age did you begin masturbation and how long continue?* It divides into item 7, concerning the year of beginning, and item 8, the years of duration. It is presumed not to refer to the so-called infantile masturbation. With regard to the age of beginning, the distribution is as follows:

<i>Age in years</i>	<i>Per cent of cases</i>	<i>Age in years</i>	<i>Per cent of cases</i>
7	2	16	8
8	1	17	4
9	0	18	2
10	3	19	2
11	2	20 and over.....	3
12	7	Unclassifiable	9
13	5	Denial	7
14	20	Omitted	7
15	15		

There are 23 per cent of irregular answers, 7 per cent ignoring the question and 7 per cent denying masturbation. A certain medical professor used to ask those students, of a class of some hundred, who had not masturbated to raise

their hands. Possibly five would do so. Thereupon he would voice his satisfaction that the course contained but five liars. According to such a criterion, the present data would be very satisfactory. There is a strong prejudice against taking denials of masturbation at their face value. A common interpretation is over-compensation of a masturbation complex: "If anybody denies that he ever did it, he does it now." One may so define one's practice as to exclude it from a rigid definition of masturbation. The hand is not employed; one is half asleep and not responsible. The absence of adolescent masturbation is clearly an abnormal feature, but hardly impossible in the presence of very moderate sex urge or very special environment. Possibly one would not have expected the age of beginning to be so variable, especially to extend so much into later adolescent years. The mode coincides with other critical events of the topic, at fourteen years.

The second part of this question, item 8, alludes to the length of continuance. The answers, figured in terms of years, are distributed as follows:

<i>Years continued</i>	<i>Per cent of cases</i>	<i>Years continued</i>	<i>Per cent of cases</i>
1	11	8	2
2	11	9 and over	1
3	11	Unclassifiable	9
4	9	Inapplicable	12
5	6	Omitted	17
6	4	Answered in number of	
7	1	episodes	5

Something depends on how this item is understood. The practice of masturbation is not an "all or none" function. It may continue with some regularity and then cease, but is perhaps more likely to "taper off". It is difficult to represent such facts in a single question. It seems probable, however, that masturbation occurs in isolated instances at times beyond those named as the limits of the practice in the figures. They may be taken to represent the period during which the practice formed a regular and not unimportant part of the person's adjustments.

In line with this is the large number of irregular answers, some 40 per cent of the total. Five per cent in all answer in terms of the number of episodes, five or less. One answer

reads: "Ignorant as to meaning." In two cases answers to this question were deleted with the pen. In one of these, item 12 is answered that the chief concern was over the "physical" effects. In the other case the words "about fifteen or sixteen" seem legible beneath the deletion. The answer to item 9 regarding frequency is also deleted. One answer reads: "Ever since I can remember", and another, "Was never bothered with it because of home instruction."

Question F, item 9, reads: *Average frequency per month?* The percentage of distribution of answers was as follows:

<i>Times per month</i>	<i>Per cent of cases</i>	<i>Times per month</i>	<i>Per cent of cases</i>
1	13	8	$\frac{1}{2}$
2	11	9	0
3	10	10 and over.....	5
4	9	Unclassifiable	22
5	2	Inapplicable	11
6	4	Omitted	13
7	$\frac{1}{2}$		

The question encounters difficulties similar to the previous one, which seem again reflected in the number of irregular answers, some 46 per cent of the total. The classifiable answers may or may not allude to the frequency during the time when it was an integral part of the person's adjustments. Larger figures may be derived in the former way. They may, on the other hand, represent the number of months elapsed divided into an estimated total of episodes. Smaller figures may be derived in this way. According to recent considerations of the subject, two types may be represented in those with extreme masturbation. One is the heavily sexed individual in whom masturbation is a stepping-stone to heterosexual activity or *faute de mieux*; the other is the individual with a neurotic fixation at this level. The extreme report is daily for some three years after fourteen, during which period regular heterosexual activity is also reported.

Question G, item 19, reads: *Is it still a problem?* This question is perhaps a more courteous way of asking if the practice still has a definite rôle in the person's adjustments. It is answered positively by 14 per cent, negatively by 66 per cent, and is ignored by 10 per cent, excluding those who deny masturbation. One answer doubly underscores a "no", over-

compensating. It would not be surprising if the positive answers here represent a fairly normal percentage of persistent, if also partial, fixation at this level. It is of course conceivable that one may become reconciled to a persistent adjustment of this kind. In such a case a quite correct negative answer to the question would be deceptive.

Question H, item 11, reads: *Was this practice the cause of special anxiety, fear, or remorse?* Seven per cent give a positive answer without specifying the nature of the effect, 25 per cent a negative answer. Of those who do specify, 25 per cent specify anxiety, 4 per cent fear, and 12 per cent remorse. It may be questioned if a distinction between anxiety and fear means much to these persons. The total number of persons who make positive answers is some three-quarters of those who do not deny masturbation.

Question I, item 12, reads: *Was your chief concern over the physical effects or the moral issues?* As is consistent, almost the same number of definite answers are returned as to the previous item—72 per cent. Only 9 per cent of those who answer classifiably deny concern. Physical effects are named by 50 per cent of all, by 16 per cent in connection with moral issues. Moral issues alone are named by 19 per cent. Question might be raised as to the nature of the distinction. It is not unreasonable to regard concern over a physically deleterious act as a moral concern. There may be less resistance to acknowledging the physical concern than the feeling of moral guilt. This would be consistent with the greater number of times that physical concerns are mentioned. Much may depend on the character of admonition against masturbation in companions' gossip that has been heard—whether the weight of it has been on bodily harm or on moral guilt. It is not simply a question of whether one is more sensitive to one or the other motive. Two answers denying masturbation say that the concern "would be" on moral grounds.

Question J reads: *At what age did night emissions begin? Frequency to present time?* This divides into item 13, concerning age of beginning, and item 14, concerning frequency.

The answers on the first point are distributed as follows:

<i>Age in years</i>	<i>Per cent of cases</i>	<i>Age in years</i>	<i>Per cent of cases</i>
9	$\frac{1}{2}$	18	11
10	$\frac{1}{2}$	19	5
11	0	20	2
12	2	21	2
13	$\frac{1}{2}$	22	0
14	11	Unclassifiable	20
15	11	Denial	2
16	13	Omitted	10
17	11		

The distinctive feature of this distribution is that the bulk of the positive answers are concentrated with nearly equal frequency on the five years 14-18. Two cases are notably precocious. It would not be surprising if these answers were subject to a probable error of at least a year in terms of illusion of memory. A definite answer is lacking in 30 per cent of the returns, 2 per cent deny the experience.

Item 14 concerns the average frequency and is subject to the same reservations as obtained with regard to masturbation. It produces a large proportion of irregular answers—41 per cent. Were they unmodified by masturbation and coitus, the facts would be a good indication of organic sex activity during this period. As it is, the datum is among the less significant of the results from the questionnaire. The distribution of data is as follows:

<i>Times per month</i>	<i>Per cent of cases</i>	<i>Times per month</i>	<i>Per cent of cases</i>
Less than 1.....	7	6	1
1	27	7	$\frac{1}{2}$
2	17	Unclassifiable	25
3	1	Inapplicable	2
4	3	Omitted	14
5	$\frac{1}{2}$		

Question K, item 15, reads: *Have you had sexual intercourse? (If married—prior to marriage).* Every one has heard widely varying speculations by those in relatively good positions to estimate. Speculations observed by the writers range from 50 per cent to 95 per cent. The data on German students show 85 per cent up to twenty-six years, but without data on marriage. The present replies are as follows:

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<i>Reply</i>	<i>Per cent of cases</i>
Positive	35
Negative	60
Unclassifiable	1
Omitted	4

There is perhaps less reason to question the accuracy of this datum than that of any other in the questionnaire. The per cent of individuals who have established relations of the primary level prior to marriage figures at 35. This is lower than popular or expert speculation has placed it, at least for males in general. It must be taken in connection with two factors. The mean age of this group is twenty-three, and it is doubtful if the maximum urge of the group has been reached at this time. (Unfortunately the ages of the individual persons answering are not known.) A group averaging some thirty years of age would give more satisfactory data. Again, the situation may be very different in different social groups. Probably this group has had a greater share of satisfactions in life other than the crude erotic. They have more means of "sublimating" such urges, owing to more favorable economic status. With regard to the general early age of the group, it may be questioned if increasing organic urge in the following years is not balanced by more effective mechanisms of sublimation. The full interpretation of this finding awaits a broader and more controlled collection of data.

Question L, item 16, reads: *At what age did you begin?* Definite and positive answers are recorded for some 35 per cent, one fewer than those making a definite affirmation to the previous question. The distribution of the ages is as follows:

<i>Age in years</i>	<i>Per cent of cases</i>	<i>Age in years</i>	<i>Per cent of cases</i>
10	1/2	20	6
11	0	21	6
12	0	22	3
13	1/2	23	1 1/2
14	2	24	1 1/2
15	4	25 and over.....	1
16	1 1/2	Unclassifiable	2
17	3	Inapplicable	56
18	4	Omitted	7
19	3		

The meaning of these figures depends largely on the ages reached by these individuals, which are not known. It is noteworthy, however, that very few who established premarital intercourse did so later than twenty-two, while over half the group are above this age. Marriage complicates the situation with the older cases. The questionnaire does not embody definite information as to marriage. There is probably a "critical age" up to which the chances of premarital intercourse become greater, subsequently to become less, but the data hardly enable one to estimate it for this group.

Question M, item 17, reads: *Frequency to present time?* The implications of this item are relatively important as they concern the extent to which this type of adjustment is made a life policy, with possible modifications of subsequent marital attachments. Definite classifiable answers are returned by 17 per cent only, and of these half in terms of the number of episodes (not more than five). The remainder give replies as follows:

<i>Frequency per month</i>	<i>Per cent of cases</i>
Less than 1.....	4
1	2
2	1
3	0
4	2
5	0

On the face of these statements, not more than about 8 per cent of the group have established a definite life policy along these lines. They are, however, subject to the reservations cited under item 8—*e.g.*, one answer recites episodes "every day for three months", the entire cessation. (This individual is among those denying masturbation.) Another states that the individual has not had intercourse since twelve years of age. The number may well be less than here indicated, owing to a cessation of episodes previously frequent and reported on that basis. The question is again complicated with the unknown factor of age. If, however, the 17 per cent concerned are typical in this respect, it is evident that extra-marital coitus is a relatively transitory as well as infrequent phase of development in a group like this.

The extremes are between complete abstinence and an average of four episodes per month. These may be looked upon as representing in part differences of ethical sensibilities and in part differences in strength of the urge as modified by organic conditions, degrees of sublimation, and the like. The ethical significance of the conduct is modified by the strength of the urge, and its variations contribute to make ethical standards in this field quite difficult to evaluate.

Question N, item 18, reads: *Have your relations been chiefly with prostitutes or others?* The number of definite classifiable answers is 32 per cent. Some difficulty is suspected regarding the definition of the word prostitute. One reply is, "I don't know." The figures are as follows:

<i>Reply</i>	<i>Per cent of mentions</i>
Prostitutes	10
Others	24
Unclassifiable	4
Inapplicable . . .	55
Omitted	7

Six of the above answers concern both prostitutes and "others". The question may be raised as to whether there would be greater reluctance to recording episodes with prostitutes or with "others". There are probably sectional differences in this respect. The writers have observed such differences between localities where they have lived. It is, however, impracticable to estimate their effect on the present results. There are also differences between individuals. Some have little resistance to prostitutes, but much to "others" and vice versa. One reply deletes "both" and writes "others". Another reads: "I take them all if their physical standard and cleanliness warrant. Cannot enjoy the average prostitute, though." Such factors play a large part in the findings. It would appear, also, that "others" are not inaccessible to individuals of this group, in somewhat the same degree as prostitutes.

Question O, item 19, reads: *Have you ever had venereal disease?* Only one affirmative answer to this question is given. These replies are at variance to expectation, and the item is one that the writers find it most difficult to criticize. There is some reason to believe that venereal disease was

often not understood to include gonorrhœa. With all allowance for this, however, the replies seem hardly consistent with those of the item immediately foregoing. Repression seems more probable here than in any other objective element of the questionnaire.

Question P, item 20, reads: *What connection has alcohol had with sexual indulgence?* Replies are given by more persons than report activity on the primary level, as follows:

Reply	Per cent of cases
Positive	11
Negative	44
Unclassifiable	8
Inapplicable	30
Omitted	8

Apparently the question may be answered either in terms of personal experience or as an opinion based on observation. This makes it difficult to deal precisely with the present data, but "*sine Cerere et Baccho friget Venus*" is hardly borne out in the replies. The general consensus, for observation or experience, is rather that persons with a fair degree of erotic satisfaction are relatively independent of alcoholic enjoyment.

Question Q, item 21, reads: *What has been the greatest force working for continence in your case? Moral principle—fear of disease—influence of some one person—dictates of church—timidity with other sex, etc.* It is among the more subjective questions in the series. Taken at their face value, the answers probably put more of a burden upon the insight of the group questioned than it is fitted to carry. More than one motive is named by many. The results are figured in terms of the number of mentions as follows:

Dictates of church.....	14	Timidity	9
Fear of disease.....	48	Unclassifiable	6
Influence of person.....	46	Inapplicable	3
Moral principle.....	107	Omitted	24

The preponderance of the replies include "moral principle", which also admits of more analysis than the remainder. It is the "official" motive, the one most inherently satisfying. As such, the question is raised how far it represents a rationalization of other factors. Any motive determining lack of sex reaction can show itself in this guise. It is not im-

probable that a moderate degree of urge would also present itself in this way. Under these circumstances one must be guarded in accepting a motivation like this at its face value, save in the presence of data on many other adjustments of the personality. The other motivations are not so open to this objection and are of more direct interest. The third in number of mentions, "influence of some one person", may well be the most important, for morality itself is, in very large part, faith in other people's morality. "Fear of disease" is, by a negligible margin, the most common motivation acceptable at face value. "Dictates of the church" plays a minor rôle, possibly because its influence has been absorbed into "moral principle". And it is probably common sense rather than cynicism to suppose that a considerable amount of "timidity with the other sex" has assumed a similar guise. "Fastidiousness" is offered in one instance. The question deals on the whole rather with the psychology of rationalization than with motivating facts. One individual seems to have taken it in a reverse meaning, for his reply is: "Satisfaction—pacify nerves." Another of the *plus grands amoureux* of the group finds that this and the following question "do not seem to apply to my case".

Question R, item 22, reads: *Do you feel that sexual thoughts and unsatisfied sexual cravings interfere with your work and to what extent?* This question is an essentially subjective matter, but hardly so open to rationalization as the preceding. All degrees of qualified answers are given. Simply classified, they appear as follows:

Reply	Per cent of cases
Positive	37
Negative	55
Unclassifiable	2
Inapplicable	$\frac{1}{2}$
Omitted	5

Error in the figures is probably in the direction of too few positive answers, as it seems likely that more persons would deny it where it did exist than affirm it where it did not. Besides those whose urge is itself not disturbing, there are eliminated those whose primary erotic contacts are sufficient to prevent the problem from arising. One answer reads: "Very much; go to get it sometimes." Another keeps this disposition on a mental level: "They interfere a little bit. I

try to help it by discussion with a girl. She does not understand these matters and I try to do a double service—teach her and take some one into my confidence.”

Question S, item 23, reads: *What has proved the best outlet to turn your thoughts away from sex? Intellectual work—muscular exercise—social activity—special hobbies, etc.* This question is one implying some powers of self-analysis—for example, in distinguishing “special hobbies” from the particular lines along which interest in the other spheres is expressed. As in previous cases, more than one factor is often named. The numbers of mentions are as follows:

Hobbies	15	Miscellaneous	6
Intellectual work.....	56	Unclassifiable	9
Muscular exercise	112	Omitted	15
Social activity.....	48		

The marked preponderance of muscular exercise is significant. It is not unreasonable to suppose that those not listing it are those in whose general lives it has played a minor part. It confirms what most students of the topic would expect. Probably the item “hobbies” is largely absorbed in the other three. It is not quite so intelligible that intellectual pursuits should exceed social activities. One almost suspects that its leading position in the questionnaire contributes to its leadership in the replies. (Cf. also “moral principle” in item 21.) Two replies mention recourse to prayer.

Question T divides into items 24, 25, 26, 27, and reads as follows: *What is the effect of the following activities in regard to increasing or decreasing sexual cravings and the difficulty of control?*

Item 24: *Mixing socially with better class of girls at dances, parties, etc.*

Item 25: *Minor love making (summer flirtations).*

Item 26: *Reading modern problem fiction containing realistic love scenes.*

Item 27: *Attendance at the average musical comedy.*

The results for the different items are:

Reply	Item 24	Item 25	Item 26	Item 27
Increase	10	60	84	74
Decrease	54	6	6	6
Unclassifiable	25	18	34	42
Omitted	11	15	14	11

Throughout there is a large percentage of unclassifiable responses, chiefly those that record the experiences as indifferent in this respect. Omissions are also considerable. The significance of the replies is limited. In all cases there is an "official" answer which is developed in the ordinary interchange of ideas on the subject. Association with "nice girls" is supposed to inhibit organic cravings, and the suggestion in the remaining items is in favor of positive effects. Probably this factor enters into the replies equally with the analysis of personal experience. One reply finds that the flirtations of item 25 "will often lead to sexual intercourse". Another finds that "if sincere, the effect was not to stimulate sex; if insincere, the opposite effect". Sometimes there is evidence of over-compensation in the replies—e.g., item 26: "Cannot stand reading such bosh."

Question U, item 28, reads: *What was the attitude of your parents toward matters of sex? Understanding—intolerant—prudish—over-modest, etc.* Here, again, there are instances of mentioning more than one feature, and figures are given in terms of number of mentions as follows:

Intolerant	16	Understanding	88
Over-modest	39	Unclassified	16
Prudish	14	Omitted	15

Filial loyalty, perhaps, plays a large part in these answers. The 88 "understanding" households are not wholly consistent with the majority that had inadequate instruction under item 2. The conception of the terms in the question is a somewhat subjective matter—e.g., where one would draw the line between "over-modest", "intolerant", and "prudish". Possibly the replies reflect attitude toward parents in the individual rather than overt conduct of the parents themselves. One with resistance toward parents would speak of intolerance or prudishness where a freer individual would use "over-modesty". Moreover, the attitude of both parents is not necessarily the same, though the distinction is very rarely made—e.g.: "Father understanding, mother intolerant."

Question V, item 29, reads: *Do you approve or disapprove this type of questioning?* The suggestion is in the direction

of approval and the replies are predominantly positive, as follows:

<i>Reply</i>	<i>Per cent of cases</i>
Positive	67
Negative	6
Unclassifiable	16
Omitted	12

Some of the interest in such data attaches to the inter-relations of the traits. What, for example, may be the relation between excessive masturbation and subsequent heterosexual adjustments? The present material is not well suited to inquiring into these phases of the question and it is left for further study. The number of cases is too small to do other than indicate the nature of the matters involved. Examination was made of three groups of adjustments: those denying masturbation, those affirming the most frequent masturbation, and those reporting the most heterosexual activity.

Among the 7 per cent denying masturbation, 2 per cent of all replies report the establishment of heterosexual relations at the age of about twenty-one. One, previously mentioned, describes episodes "every day for three months, then stopped entirely". Another writes: "No more, being — [illegible]." Another, "once or twice". All activity is reported with "others", not prostitutes. The percentage thus establishing primary relations is about two-thirds of that for the group as a whole.

Among those reporting the most frequent masturbation, 2 per cent of all replies report heterosexual experience, the proportion being slightly smaller than holds for the group at large. With 2 per cent further, auto-erotism is "still a problem", in something more than twice the percentage in the group at large. The amount of heterosexual activity reported is without significance; in one case it is with prostitutes only.

Of the 4 per cent most active heterosexually, all report masturbation, but in quite varying degrees. One individual is also in the preceding group, reporting the most frequent masturbation of any. All report intercourse with "others", one with prostitutes as well. "Age of beginning" shows nothing significant.

CASE STUDIES IN THE MENTAL PROBLEMS OF LATER ADOLESCENCE WITH SPECIAL REFERENCE TO THE MENTAL HYGIENE OF THE COLLEGE STUDENT*

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DIFFICULT mental adaptations, usually with a bad solution of the intrinsic mental difficulty, are of very common occurrence among college students. There is nothing peculiar to students or to colleges about this. Its significance lies in the fact that the colleges offer a splendid opportunity for the study of mental adaptations, both for better and for worse.

Intolerable situations, or at least situations that are highly tinged with an emotional coloring, are the groundwork upon which the crucial mental adjustments are erected. These intolerable situations, again, are not peculiar to the college student. He has the same instinctive equipment to care for, the same drives and impulses, as his less fortunate laboring brother. The only difference is that in the case of the laboring man the foreman is the principal obstacle to overcome, while in the case of the college student, it is the professors or some "stuck-up" fraternity men. The obstacles are essentially the same, though they are necessarily somewhat different outwardly as a result of a differing environment.

A close study of the student body of a representative, but small, state university has disclosed the cases that are reported in this paper, with what detail seems necessary. Before they are presented, however, it may be well to discuss briefly the drives that seem to be paramount among such a student body and the modes of exercising them.

College songs are the mirror of the soul of the college student to a remarkable degree. These center around love, gregariousness, and social esteem. Every fraternity has its

* These studies were made at the University of Wyoming.

sweetheart song—*Kappa Sigma Sweetheart*, and the like—and those who have not been admitted to fraternity fellowship still sing the love songs of college. Not only do they sing them and whistle them, they think them and to a large extent they live them. Gregariousness is celebrated in such songs as *He is a Jolly Good Fellow*, and the college parties and social affairs often seem more important and prominent than scholastic affairs. Social esteem—*For He Is a College Man*, and so forth—is probably, in many instances, the principal reason why young people leave their home towns and go away to school, sticking out four years of boresome classes in subjects that they doubt will ever be useful to them just that they may be known in later life as college graduates.

One finds these three paramount drives fulfilled—or denied—in college existence through several channels. There is, first of all, the matter of *grades*. Social esteem of a limited sort may be secured through the mediumship of class leadership in marks. Mediocre or poor marks represent the thwarting of this esteem so far as marks are concerned. *Athletics* furnishes another avenue for gaining social esteem, especially through the success and popularity of a winning team. Grades may take the place of athletics, or athletics may take the place of grades, in startling ways, as the histories that follow will show. Prominent participation in other school activities, such as *dramatics, debating, publications, and parties*, may also furnish the student who craves esteem—a perfectly natural craving—a means of gratifying his need for social approval.

As the students were studied, however, it soon became quite apparent that there are a few features of college life that stand out above all others in the mind of the student as representing the gratification of his needs. In the particular school under consideration, the *Greek-letter "complex"*, as it has been somewhat loosely termed in class discussions, is of much importance, perhaps of exaggerated importance in comparison with the part it plays in other state schools. The *date "complex"* is another of common occurrence. The *grade "complex"* appears time and time again, as does also its antithesis, the *athletics "complex"*. The instructors, of course, come in for their share in the *instructors' "complex"*,

and closely related to the same intolerable situation, if not merely another side of it, is the *extracurricular "complex"*.

Of outstanding frequency is what the students have chosen to call the "*hick complex*". The student who comes from the small town or the ranch thirty miles from a village is rather sensitive to the fact. A nebulous halo of majesty, moreover, is associated in his mind with the name university; college would present no such great contrast to small-town existence, but the university represents, in the thought of such students, the apex of apexes. Cherishing expectations of something so different from all they have ever known, certain individuals over-react when they finally arrive in the campus town and find their instructors very human, not bald-headed and hoary with age and wisdom, but young and beardless and forced to search laboriously in textbooks for material for their lectures. When these students also find that the athlete whom they held in awe in their village is much like any one else on the campus, they begin to over-react.

Paternal affection is usually considered instinctive, but the affection of children for parents is not. This sometimes gives rise to the *parent "complex"*. The substantial, but uneducated and uncultured parent visits his child at the university, much to the latter's discomfort. Indeed, actual physical presence is not always needed; mental comparisons alone are often enough to play havoc with the student's relations to his parents.

The following cases show how these various instinct expressions (which have been loosely termed "*complexes*") are operative in the mental mechanisms by which the college student adapts himself to his changed environment.

I

The student who studies is a rare phenomenon of nature. Just why he should have the attitude that study is the chief function and duty of the college student is a matter of psychological interest. The following group of cases will shed considerable light on this question.

Case 1. Frank was one of the leaders in his high school. He starred in basketball, was president of his class for two successive years, was the chief yell leader of the school, and was very popular with the girls. He came from an influential family in the local community.

At the university, he is not quite the favorite that he was in high school. He has found it a little more difficult to get into the same social strata that he was accustomed to in high school. He has not "made a frat"; he rarely ever "dates". He goes around by himself a great deal, apparently shunning, or at least not receiving, the company of others, and has soured greatly on the world in general. He is very studious.

Case 2. Esther is from a ranch and is highly sensitive about the fact. She is very bashful and self-conscious. She is especially conscious about her clothes, which are hand-me-downs from an older sister. Physically she is short and awkward; for a while she bore the nickname of "the runt". She never attends any social functions except church. In her small-town high school, she was very sociable and active in school affairs, not paying a great deal of attention to her studies. In the university, however, she has practically drawn into her shell and has become a veritable bookworm. In high school she was known as a "good scout"; in the university she is considered queer.

Case 3. Two sisters from a family none too comfortably situated left a small mountain state to attend a very fashionable state university that is noted for its social functions. Their attendance was made possible by the fact that an uncle, who was very fond of their mother, resided in the university town. The high-school career of these sisters had been in no way out of the ordinary. They had manifested the usual amount of indifference to their studies and to their teachers, and had attended all the simple, but enjoyable parties that were given by the students. In the university, however, they found themselves left out of social functions that play so important a part in the student life.

After two years at the university they went home for the summer vacation. The plain, simple Swedish girls who had left two summers before returned as intellectual snobs. Education and learning, so they thought, were the most important things in existence. The simple frankness of the two high-school graduates of two years before had been supplanted by a snobbishness, a sourness, and a bitterness that were very marked indeed.

II

Contrasted with the students who believe in and practice study are those who go to the other extreme. In this group we would include those who are disgusted with college in general, and have turned their attention to extracurricular activities. The following brief case histories will illustrate the genesis of this mental attitude in some typical university students.

Case 4. John is the son of a minister in a small town. While attending high school in his home town, he was not allowed to do the things he wanted to do or that the other boys did. He was always very quiet and reserved and very studious, and was scarcely ever seen with a girl. In company he seemed very awkward and self-conscious. He was considered by far the most brilliant student in high school.

Since coming to the university, he has changed so greatly that one would hardly know him for the same person. Studies are a very secondary matter now; it is his brag that if he can just "get by", that is all that is necessary. He is very popular with girls on the campus—he "kept company" with at least a dozen different ones in his first two terms—and has the reputation of being one of the fastest boys in the university. He has made a fraternity and since then seems to be more natural and normal.

Case 5. Mary came from England with her widowed mother. They were in very stringent financial circumstances and the mother was obliged to engage in work. When Mary was about fourteen years old, her mother married a widower, a prosperous rancher. Previous to this time, the fact of their very poor financial condition had been continually emphasized to Mary. After the marriage of her mother, Mary became the object of solicitous attention. Her stepfather had had a daughter by his previous marriage, but this girl had died. During her first two years of high school, Mary had been an ordinary, plain, sensible girl. Her mother was married in the summer vacation following her sophomore year, and in her junior year, Mary was very much changed. Her prudence and matter-of-fact common sense were gone; money had become a fetish to her. Her school work, which had been good during her first two years, became very careless. She failed in practically all her subjects in her junior year. She also became very unfriendly with her former chums.

Two years later, Mary suffered what the local physician called a "nervous breakdown" and went to the Coast. She had the vague aches and pains of a neurotic except when traveling or when in the company of people who were of the better class financially.

III

Who can imagine a "dateless" coeducational college? Even the man's college is not without such attractions. It is interesting to note the frequent occurrence of women's colleges in close proximity to colleges whose attendance is limited to men. And is not the classical effete college town a prime place for musical comedies?

But the dateless co-ed exists, and it would be rather foolhardy to take her as a matter of course. Let us see what happens to her and to her counterpart, the dateless college man.

Case 6. Earline is quite convinced that she is better than any one else on the campus. This is her first year in college, and her snobbishness seems to have been acquired about the same time that her freshman textbooks were bought. At the beginning of the year, she had a few dates, all of which were secured for her by her girl friends. On the morning after each of these, the girls never failed to inquire about the evening before. She would respond, "He is just like a rubber ball—

hit him and he will bounce back", or, "I know that toad is going to ask me for another date, but I shan't even consider it." On several occasions she told the girls that she had been asked to go to parties, but always failed to state where and with whom. Once, when she was pressed by the girls, who wanted to find out just whom she was going with, she mentioned the name of one of the students. A little investigation disclosed the fact that this was a surprise to the man in question.

Somewhat later she became very much disgusted with all men in general and in particular with the men on the campus, whom she termed "hicks". She had a forced gayety.

Case 7. Eloise entered the university in September with the idea that she could drown a disappointment in love. (The young man with whom she had had very intimate relations had suddenly and very unexpectedly married another girl, not exactly by choice.) But the university was a poor medium for her purpose. She became very nervous, was unable to sleep, and suffered nightmares almost nightly. She was unable to concentrate on her subjects and was subject to headaches. Her musical ability led to her being pledged to a sorority. Her symptoms, however, not only continued, but actually increased in severity.

At present she spends a great deal of time in the company of one of the men and is improving greatly. Her gloomy, restless, meditative attitude has disappeared. However, she is still bothered by occasional nightmares and a general fidgetiness.

Case 8. Nancy is a college senior. Outwardly she is not very different from any other college senior. In high school, according to those who knew her, she was well liked by all and popular with boys. Her parents moved, which took her to another high school, where she received just an ordinary amount of attention. Upon her own confession, her lack of popularity with girls did not hurt her, but she greatly missed the attention of boys. As a sort of cover for this, she became very sensitive, forced an appearance of reserve, and grew very shy. In her senior year at high school, she had the reputation of being sarcastic and of not caring to make friends.

When she first entered college, she had several friends among the girls in a certain sorority. She was rushed by this sorority, but at every opportunity did her best to let the girls know that she did not think a great deal of them or their sorority. Her four years in college have been marked by few dates and those with not very desirable men—"barbs" and freaks. They are the only sort she has gone with. Still, she has lied very constantly about her dates. The girls at the "dorm" would say, "Why, Nancy always gets several offers for everything, but she turns them all down, so she says."

In confidence she stated that she had always wanted to belong to a sorority. Her attitude of unapproachability did not represent her real feeling. When she was talked to personally, the calm reserve that seemed to characterize her was replaced by marked emotion and nervousness. Her outward cynicism also disappeared, its place being taken by sentimentality. At first she lied like a hardened criminal. She confessed to hair-raising, scandalous intrigues with married men, which a half hour later she confessed to be fictitious. She feels tired all the time. Ideas run through her head so that she cannot sleep. She

has many sexual dreams. She has the false impression that certain people are trying to harm her. She thinks that the girls are very jealous of her, although outside questioning has proven this to be untrue. She has become disgusted with her teachers and with college education in general. At times she feels as if she were not her old self. A few months ago she contemplated suicide. She says that she can sit still without fidgeting, but she usually does fidget. (Recently it has become difficult for her to study since "other thoughts" keep crowding into her mind.) She thinks that several people on the campus are definitely trying to thwart all her ambitions, a suspicion that is entirely unfounded.

Recently at a small gathering Nancy told fortunes from palms. These fortunes were full of rather wild inventions—elopements with married men, police courts, breaking men's hearts, and the like.

After reading Jackson and Salisbury's *Outwitting Our Nerves* and several hours of personal conference—added to the fact that she has been receiving some attention from one of the university athletes—Nancy is showing signs of graduating with a much healthier collection of mental adjustments than would have been the case if she had gone on as she had begun.

IV

The desire for popularity and social esteem in general is a strong human motive. Its varied ramifications are plain in all the cases reported in this study. It may be well, however, to single out a few as exemplifying the importance of this one factor in mental health.

Case 9. Ralph had been a favorite in high school and had been very active in athletics. When he arrived at the university, he was filled with hopes very similar to those of the prospector who has caught a glimpse of fool's gold. He was certain that he would make a record on the freshman football squad. Much to his surprise, however, he found that he was not nearly so good on the gridiron as he had previously considered himself. Much to his disappointment, he was on the string of seconds on the freshman team.

In high school, quite probably as a result of his athletic prowess, he had been very popular with girls. At the university, the girls treated him much as they did any other second on the freshman team. In high school he had been characterized not only by popularity, but by good work in his studies. Indeed, the high-school principal, in conference with the students, often held Ralph up as an example of how a high-school student could be popular, active in athletics, and at the same time a splendid student.

Let us look a bit more intimately into the mental adjustments of Ralph to university life. To his roommate he complained that the coach was against him—would not have put him on the first string if he (Ralph) had been the best football man in America. This alleged unfairness of the coach in particular elicited much billingsgate from Ralph. Shortly after this he began confiding to his roommate his low opinion of the girls on the campus. He said that they were not good looking and that he would not take any one of them to a dog fight. The next tale of woe related to his instructors. Again to his roommate he con-

ided that his teachers "had it in for" him, apparently because he was interested in athletics, and were not treating him fairly in class and discriminated against him in examinations. As time went on, he began to talk in his sleep and had several severe nightmares. A little later he began wandering around by himself at night and did not return until the wee small hours of the morning. Gradually he ceased associating with the other men around the campus and would sit in his room in a half-hearted, dejected attitude and gaze at the window.

In the meantime his parents had been notified of his poor scholarship. Naturally greatly concerned, they wrote him very stern letters; to these he did not reply and the attitude that he had shown toward the coach earlier in the school year began to be manifest toward his parents. He left the university before the end of the second term. His leaving was unannounced, and not until he did not put in an appearance for several days did his roommate realize that Ralph had left the campus. Some time later it was discovered that he was braking on the railroad and was very earnest in his ridicule of universities and education in general.

Case 10. "A. Arthur" he writes his name, and this indicates his mental make-up to a remarkable degree. His high-school career was quite ordinary.

In the fall of his freshman college year, he tried out for football, with no success. Then he tried in turn to make a debating team and a literary society, with similar results. It was at this time that his name began to appear as "A. Arthur". He became boisterous, especially so in the presence of students prominent in college activities. He let his hair grow long.

He pays homage to no one. When his fraternity president returned to college from a trip abroad, he refused to walk four blocks to the train to welcome him. His professors are "dubs".

He tried for success in a dramatic production, which was a marked failure. He was ill the next day and had to go home to let his mother take care of him. He and his father dislike each other.

He is, by vote of the students, the most unpopular man on the campus, largely because of his arrogant, haughty ways, which are definitely forms of compensation.

Case 11. Margaret's freshman college work was taken in a large university. Although she had not been an unusually popular girl in high school, she had received a good deal of coddling at home. She had been used to nice dresses, but not to luxury. At the university she attended, there were many sororities on the campus composed of girls who had clothes and money. Upon her own confession, she would not have been happy with these girls, but nevertheless she felt rather left out of it. She rationalized, lost interest in her work, and became generally dissatisfied with things. In her sophomore year she applied her own remedy and went to a smaller school.

Case 12. Horace, the youngest child in a large family, was left an orphan when about four years old. He was passed around from relative to relative until he was about fourteen when he left Illinois to see the West. He landed in a small Wyoming town and secured employment as

an apprentice in the barber trade. He eked out his wages and managed to exist by cleaning windows in the business district. In the course of this latter employment, he made the acquaintance of a milliner who encouraged him to go to high school. He did, and the two of them became stanch friends, although she was many years his senior and had a reputation that would have caused his guardian angel to frown.

She was continually urging him on to a higher education and frequently mentioned Harvard men she had known. Horace became possessed of a single ambition—he was going to be a Harvard man. In high school he was the plodder, the boy to whom all the committee work was given. Nevertheless, he attracted a good deal of attention because he was dependent solely upon himself for support.

In due course he passed the Harvard examinations and journeyed across the continent to his much-heralded university. Inasmuch as he had to earn his way through college also, he had but little time or opportunity for indulgence in social affairs. Every one in the small town he had come from had known him and had spoken to him on the street. At Harvard even his fellow dormitory dwellers did not recognize him when they met him. He had wanted to study medicine, and was sorely disappointed to learn that to enter the medical college his milliner had talked to him about he would need four years of preparatory work. So one discouragement piled up on top of another, and the social esteem that had been his in the village had no counterpart in his Harvard life.

Soon sleep became difficult for him. He would like awake at night thinking up schemes for making money. In the wake of this, he was unable to concentrate for any length of time. He began to do very poorly in his studies, suffered from indigestion, had violent and long-continued headaches. Finally he became actually unable to do any school work. He boarded the train for Wyoming. On the way he stopped off at the state university to visit the students from his adopted town, to search for employment and to let them see a Harvard man. The visit resulted in his being invited to eat at the house of a fraternity to which one of the boys from his adopted village belonged. The group of students from this town gathered around him as they had in high school. He got work, and is now going to college and is apparently normal again.

Undoubtedly one of the first factors that helped to bring him back to normal was the fellowship of the group that had known him for some time. Now, however, he understands his own mental adaptations fairly well.

Case 13. Harry was considered one of the "big bugs" in his high school. He held many offices and honors. He forced himself ahead socially, although he was not very popular. But in spite of this he seemed to be happy and somewhat proud of himself, though not conceited. He went to a large university. There he was left on the outside of everything. He was invited to the Beta house to meet the fellows, but he replied, "Oh, I know these frats. When I get around to it, I will come and look you over." Somewhat later he began to draw away from the crowd and to prefer the seclusion of his room to meeting people who, as he said, were nothing to him. Although he confined himself rather closely to his room, he spent but little time on his studies. At

the end of the first semester, Harry went home and did not return, on account of failing grades.

V

There are some students to whom the prescribed courses necessary for graduation are a source of considerable repression and conflict. Closely allied to this, as the following cases show, is the inability to secure, at the college that tradition and circumstances decree one must attend, the particular courses that one had planned on taking in college.

Case 14. Arthur entered the university last fall, expecting to take up architecture. He is a student who ranks high in intelligence and has a great deal of initiative. Unfortunately, no special work is given in architecture, and in its place he took agriculture. He does not like the course, largely because it is not what he wanted. In the last few months he has developed a good deal of antagonism toward the university. He has secured a position, and the present term will mark the termination of his college work.

Case 15. Sam worked his way through high school and had such an enviable reputation that several business men loaned him, without interest, money enough to come to college. In the Thorndike intelligence test he made the highest score. He tried for a literary club and was granted admission. After these two triumphs, it was only natural that a Greek-letter fraternity should get him. In high school he had not been particularly social, perhaps because most of his time had been occupied with work. Frat life seemed to fascinate him and he began to change.

With his interests entirely of a literary nature, he registered for an agricultural course, thinking that it would enable him to be of more assistance to his people at home. His high-school compositions had received much merited praise and had been published in the local newspapers. The college instructor in English tore his productions to pieces.

A caustic bitterness began to develop in him. He had been somewhat of a grind all his life; now it was time to develop along other lines. He attended all the dances faithfully, but did not seem to get a great deal of enjoyment out of them. He fell in love with a girl, deeply in love, but to the girl he was merely an interesting specimen.

He left school at the end of his second term. Now he is engaged in a newspaper office. He dislikes it, but manages to hold his job through his literary abilities. He is extraordinarily bitter toward the world now.

VI

What are trivialities to one person to another, for some reason or other, may be events of great moment. Just how these trivialities may become serious stumblingblocks in life is well illustrated in college life. The following case histories

—one of which was written by the person directly concerned as a sort of “talking cure”—are examples of this.

Case 16. Thora was attending an exclusive girls' school in the East. She was very queer, upon her own admission and the description of those who knew her. She could not talk openly and seemed to be hiding something. She did not go with the boys, and did not dance with girls. She was very cynical and was affected with spells that much resembled hysteria.

One evening, while some of the girls were holding a session in one of the “dorm” rooms, she registered her distinct disapproval of conversation pertaining to the opposite sex. She spoke with tears in her eyes: “My mother has told me never to talk about such things or even to think about them. She has told me all the horrible disasters that result from companionship with boys. She has frightened me from ever doing it, and when I think of marriage, I grow faint.”

Upon the advice of some of her girl friends, she went to the dean for enlightenment. The change brought about was remarkable both in her behavior and in her thoughts.

Case 17. “I was rather disappointed in my high-school life and if not positively unhappy, was at least decidedly uncomfortable mentally—that is, until my senior year. After the Christmas vacation I was chosen to play the leading part in the senior-class play. The play was very successful. I received a great deal of adoration and the desire I had always had for going on the stage became much more intense. My mild unhappiness had been compensated for by great attention to studies; as a result I was class valedictorian and became even more cocky.

“The following summer was dull and boresome, and by the time the university opened the stimulating effect of my senior success had worn off. Perhaps it was this, perhaps it was the fact that I had been living in the town in which the university I was to attend is located and had always looked with more or less awe upon the demigods in the form of faculty and leading students who held forth on campus hill, but at any rate, I found my first taste of university life disappointing. Another factor that made the opening of my university career not very joyous was the fact I did not have *many* new clothes, and social approval had almost become a mania with me. When rushing started, I was rushed by three sororities. I had no very clear idea as to just what they stood for, but I was grateful for the attention I received from them and began to feel better, and my snobbish sense of importance began to thrive. After pledging, a new era started. The transference from ‘rushes’ to ‘pledgee’ is sudden and radical; I rather resented the very authoritative air my sorority sisters began to show immediately after pledging me.

“I was told that the frat expected each of its members to be represented in some campus activity. With an all-gone feeling in the pit of my stomach, I tried out for the dramatic club and, thank goodness, I made it! This was probably the most important event of my freshman year. If I had failed to make the dramatic club, I am very sure my whole attitude would have changed. As a matter of fact, on the days preceding the tryouts, I had spent considerable time daydreaming,

vividly picturing just how I would react to show these people that after all I did not mind in the least having failed to make their dramatic club.

"My sophomore year was very interesting from the psychological standpoint. I worked very hard in some close competitive tryouts to get a part in an Ibsen play. I got it. I put everything I had into the part and still the production was a failure. Naturally this failure hurt me terribly. To make matters much worse, the student who took the part of the leading man and I responded to the sentimental suggestions of the play and applied them to ourselves. The play was a tragedy; so was our affair—a tragic tragedy at the time, but now I am beginning to see that perhaps it was a comic tragedy. If things had not turned out as they did, however, it would have remained a tragic tragedy. But at the time I compensated—I think that is what it amounted to—by getting wrapped up in a course in modern drama and becoming very pessimistic and cynical.

"The instructor in this course played an important rôle in my life at this time. I admired his keenness of intellect and the analytical way in which he worked things out. Following our amateurish Ibsen tragedy in real life, I wanted this instructor to take an interest in me, but he didn't. Usually when I ventured an opinion in class, he looked at me through his glasses with an indescribable look which made me feel sorry that I had ever happened. As I look back, I am beginning to doubt whether he really did look at me in that way or whether it was a sort of an over-reaction on my part that made me think so. At any rate, he made me feel very conscious of being intellectually inferior, and I sank into low mental depths, lost interest in life, and played with all sorts of morbid thoughts.

"During the latter part of this sophomore year, I started to go with S—. Immediately life began to brighten up, much to my surprise. My cynicism, sourness, and despair began to evaporate, and by the time college closed, I had decided to continue living. The friendship and companionship of S— had been an antidote for my incipient mental twists."

VII

The following case is an illustration of the fact that sororities, football, and dates are not the only important "complex"-forming influences in college life.

Case 18. Rose is a girl who appears very, very happy. Her friends say that it is easy to make her laugh, but when her case is examined closely, her outward behavior is found to be very deceitful. Apparently there is great compensation for deep wounds which are the result of her home life in the university town.

The girl, who is of high intelligence, took her preparatory work in an exclusive girls' school in the East. She has been accustomed to a very social life. She is the youngest child and a favorite with her father. At home she was very much indulged. In the university town, she is living with a relative. The home life there is very different from that to which she has been accustomed, and after two terms in college, she is a very different person from the girl she was upon first enrollment. It is not the university life at all that is responsible for this, but certain other factors that will be plain in a moment.

The relatives with whom Rose is living have restricted her social affairs to certain "parlor amusements". They very carefully select her friends. She is absolutely prohibited from indulging in amusements to which she has been accustomed and which she has always taken as a matter of course. As she herself says, within the last month or two she has been feeling as if she wanted to commit some diabolical act. Acts of utter devilishness are commonly the subject of her dreams. In each case these acts are directed against the relatives with whom she is residing.

Upon her return from Christmas vacation, she told her temporary guardian that she had spent most of New Year's Day in dancing. In the eyes of her critical advisor, she was ruined forever.

Four weeks before this was written, it was rumored that Rose had become engaged. At once all sorts of thoughts about scandals flocked into the minds of her relatives. As a result, she is never allowed to be free and is constantly watched. She is suspected of having let her friend be familiar and is reminded of it by having articles read to her from newspapers, magazines, and books, referring to certain loathsome acts. She has confessed that this has been carried so far that she has come to believe that she really might enjoy some devilishness.

In the preparatory school, Rose was a frank, open-hearted girl with many friends. Upon her arrival at the university, she started out to behave as she had been accustomed to in the girls' school. She was pledged to a sorority, which horrified her temporary guardian. Gradually she has become morbid, moody, sarcastic, and bitter. She has had headaches, nightmares, and dizzy feelings upon arising. She had experienced none of these before. Still more recently, she has had long sieges of crying and shivers as if in a chill. It should be remembered that these symptoms occur especially over the week-end, when the household tension seems to be greatest.

Not long ago she made the statement: "I love to go to psychology class. It relieves me and gives me a free feeling. It helps me to think I am not so wicked after all, but only fairly human. Since taking up mental mechanisms, I have been able to understand myself better. Moreover, my hatred for my relatives has changed into a sympathetic attitude, now that I know why they think as they do."

VIII

Perhaps it may be objected that in citing these cases we have been guilty of selecting just those that prove our points. Accordingly we will follow with the presentation of eight cases selected, not at random, but because they happen to be eight students who left a small town one fall to attend the university together. There are three boys and five girls in the group. What is true for these boys and girls may fairly be taken as representative for the boys and girls from any town who leave to attend college or a university.

Case 19. Ethel was reported on by a schoolmate who has known her from the time they both were in the eighth grade. Ethel is described

as a pretty, giggly, cute, likable girl, a little superficial. Her school work was of average quality. In her junior year in high school, a new boy entered school who was a good athlete as well as handsome. In the words of our correspondent, he "fell flat" for Ethel's glances. So she became more popular than ever with the rest of the students.

She came to college naturally expecting to be popular, especially with the boys, as she had been in high school. On the train en route to the university, she confided in some of the home-town girls that she expected to have no difficulty at all in securing a "first mortgage" on certain boys whom she mentioned and who were well known in campus activities. What was her surprise to be passed by completely by the sororities, to find the desirable boys very indifferent to her, and to be ignored by all but the "goofiest" boys! And so she reacted by making fun of the sororities, by losing her giggly cuteness, and by becoming so hard-boiled and sharp-tongued that her old friends began to leave her alone. In high school she was very "prissy"; now she has lost pride in her appearance. Most of her time is spent in bragging about her high-school days and in ridiculing the other girls about their dates. Since she has been neglecting her studies, she has had time on her hands which she has spent in making a chum of a coarse, unattractive, perhaps vulgar girl, who is also a "barb".

As this is being written, she seems to be improving somewhat. The boy with whom she went in her last two years in high school wrote that he is coming to the university for tournament week. Immediately she began to give more attention to her personal appearance. She gradually began breaking away from her coarse chum, and she is actually cramming for examinations. Then, also, she is getting rather resigned to being fratless and dateless, is beginning to see that a hard-boiled disposition is its own reward, and is becoming more agreeable and more like her old cute, giggly self.

Case 20. Hortense is an example of the benefit that can result from college. She has had a rather hard life. Her father is dead and her mother is not very capable in money affairs and does not seem to share the intelligence and ideals that are her daughter's. Hortense has worked for her board and been away from home since she was about ten years old. As a sophomore in high school, she was decidedly sloppy in appearance and had a whining, disagreeable manner. She was not especially well liked, due perhaps to the fact that she and another girl were inseparable chums and kept away, largely by their own inclinations, from the other high-school students.

Upon graduating, Hortense went to the University of Nebraska. We have no data on her for that year. This year she is a sophomore at this university. College life—or perhaps it is just a change of mental attitude—has done a great deal for her. In place of shunning the crowd, she is with the crowd and is well liked. She is still working her way, still spends very meagerly for clothes; but in spite of this handicap, and in contrast with her high-school period, she presents a neat, attractive, carefully thought-out appearance. She is more pleasing in manner and has lost her old broodiness.

Case 21. Hilda is another girl from this same group. Her parents are illiterate Germans. Her life has been spent in an environment of

hard work, thrift, and strict discipline. Her parents are opposed to a higher education. Although they are well-to-do ranchers, they have given her no help in the later years of high school and in the university. She has earned her own way and has worked hard at her lessons. She has always been somewhat different from the other girls. She looks and acts fifteen years older than she is. She is the one to whom the other girls from this village go for their "talking cure". She does not dance, she does not date. There has been no noticeable change in her mental adjustments since coming to college. She seems to be enjoying her meager contact with life and is not over-reacting in any respect.

Case #2. Frances was also a ranch girl. During her high-school career, she spent the week-ends on the ranch and in consequence was not prominent in social affairs. Nevertheless, she was well liked, perhaps because of her shy, wistful ways. Since coming to college and being available for week-end affairs, she has developed more self-assurance and has lost some of her sweetness in so doing. The first year of her college life was very enjoyable, and she was much the same as any girl on the campus except that she was a bit more popular than the average. Her family's financial circumstances have changed, however, and since Christmas vacation it has become necessary for her to work for her board. As a result she has ceased to take part in social activities. She has become careless in her appearance and has moody, blue spells, characterized by crying, a new phenomenon for her. She has become rather disgusted, so she says, with college life. In the small university that she is attending, they do not offer the particular course that she says she wants and she is thinking of leaving.

Case #3. Ruth is a younger sister of Frances'. She has always been put in the shade by Frances, who is much prettier and much more attractive, but Ruth has always managed to work hard and make the better grades. She was moderately well liked in high school, but was not at all popular with boys. This was largely due, no doubt, to her unattractive appearance and the fact that she led in her classes. After the family's financial reverses, Ruth became resigned to the situation in a very matter-of-fact way. Although never beautiful in high school and her first half year in the university, she was neat and apparently took a serious interest in her personal appearance. Now she has become slovenly, boorish, and ill-mannered. She is somewhat bitter on the subject of sororities. Yet to all indications, she takes her rather neglected existence as a matter of course; she has no confidence in herself and realizes that the hard work of life is for her.

These girls who left their home town to enter the university have not turned out on the whole so disastrously as those who thumb their noses at college life might have predicted. This is not to deny that there are innumerable cases among college students in which there is a great need for mental hygiene. Rather does it emphasize the fact that mental maladjustments are of common occurrence even among students who are not

in any sense failures. Let us now turn to the three boys from this same town.

Case 24. George was very popular in high school—not particularly accomplished scholastically, socially, or athletically, but still considered a very good sort. He had a splendid class and school spirit, but never exhibited much confidence or initiative.

At the university he ceased going out socially and retired into his shell, as it were. This may have been due partly to the fact that he has a girl at home, and partly to the fact that he has followed in the trail of his friend, the independent John, who will be next described. Recently he has been pledged to a fraternity, and to all appearances this has swept away his tendencies to bad mental adjustments.

Case 25. John was no doubt the most popular boy in high school—homely, independent to the last degree, but irresistible; wherever he went people clustered about him. He was a star in athletics and very popular with girls. He entered the university in the fall and strutted about the campus with his old independent air. He paid no attention to the girls and did not go out socially. About Thanksgiving time he was pledged to a fraternity. Upon being congratulated by students from his home town he said: "It's all right, I guess, but what's so wonderful about it?" He confessed that he was rather afraid to go out for 'varsity athletics. The haughty independence and confidence that were characteristic of him in high school have become accentuated.

Case 26. Alfred was slow and inefficient, but was popular in high school because he was handsome and a good athlete. He failed in 'varsity athletics and has become gruff and tactless. His gruff manner has made him somewhat unpopular, and he is over-compensating by becoming more gruff and ridiculing the campus leaders.

IX

In any student body there are admittedly a few students whose mental attitude is so badly warped as to cause serious concern over their future mental health. In the cases to be cited as illustrative of this type, it may be well to state that it is very doubtful whether college had much to do with causing their present condition. It may be an aggravating influence, true enough, but it is not by any means the chief causative factor.

Case 27. Hubert is the son of a family politically prominent. His home life was one characterized by strict discipline and fervent religious rites. He has a twin brother who is especially favored by his mother.

In physical appearance, he is properly described as "sloppy". The muscles around his mouth are affected with a very marked tic.

He always is fortunate enough, speaking from his own standpoint, to "enjoy poor health". He is working his way through college, although

there is no need for his doing so; he prefers to decline aid from his father. He also speaks, with a touch of pride, of two nervous breakdowns that he has suffered. He is not out-and-out antisocial, but on the whole seems to prefer his own company to that of others. Girls bother him, openly, but little. It is an exceptional day when he cannot enjoy a little serious worry. He is touchy and has a notoriously bad temper. It is usually unloosed when he cannot have his own way about things. During the serious moments in a fraternity initiation, and without any preceding rough actions to warrant it, he fainted.

On the whole the fraternity has been a wholesome influence for him. Outbursts of temper, when his wishes were denied, brought on a friendly disciplinary paddling. In spite of the strict atmosphere at home, this was a new experience. The "razz sessions", in which the fellows in the fraternity gather in a darkened room and confidentially, if not politely, tell their opinions of the faults and weaknesses of their brothers, were also a good experience for him. But last fall he stopped living at the fraternity house. He thought that his brothers there were unduly picking on him.

Without extended study and treatment, the outlook for this boy is not very favorable.

Case 28. Josef is of Bohemian parentage. He is twenty-two years of age, of small stature and good physique. He presents the only case discovered in the school of a well-developed, committable psychosis. He sees visions and talks with departed religious leaders.

He was born and brought up in the Catholic church, but recently has affiliated with the Latter-day Saints. He has done a great deal of welfare work and has always been active in religious and reform work. His intelligence score is very much below that of the average student. In appearance he is very studious, always immaculately dressed in somewhat ministerial garb. He invariably wears a white laundered tie. He is carrying only a half schedule, but seems to be the most scholastically busy person on the campus.

He does not trust or place any confidence in any aspect of modern life. The Masons are systematically trying to corrupt the morals of the world. The Modern Woodmen have been pursuing Josef wherever he goes. In his breast pocket he has a large celluloid Wilson-campaign button about two inches in diameter. This he says gives him authority to arrest any one for any offense that he can conceive of. As soon as he enters his room, the door is locked after him. When he leaves the room, even if only to go to the washroom, his door is again locked. He carries from fifty to one hundred dollars in bills on his person, not trusting the banks. His parents send him this money in bills rather than in a money order because he says that the Modern Woodmen control the post office.

It seems that he is working on an invention in his room. Just what it was he would not state. Asked if it were mechanical, he stated that it was. An examination of his room while he was attending classes gave no evidence, either in paper or materials, of anything that resembled a budding invention.

He wears always a staid poker face. While the other members of his class are enjoying a good laugh, his face remains as set as the Rock of Gibraltar. Although he says that he hates the Modern Woodmen and

that they are his worst enemies, he showed no emotional reaction one way or another when he was introduced to a person whom he knew to be a Modern Woodman, and who had the emblem conspicuously placed.

Josef has looked upon the morals of the co-eds as extremely questionable, but when encouraged by others to attend a student affair with a "dame", he made a laborious effort to secure a date, with negative results. He explained to the men who live in the same house with him that very probably the girl did not have any dress nice enough to wear when she went out with him.

Josef gave as his reasons for attending this university, first, that it had the highest elevation of any university in the country, making it easier for him to listen to the voices of the saints from the heavens; second, that its nearness to the mountains would also make it easy for him to flee from the persecutions of the Modern Woodmen. This is a very clear-cut case of paranoid schizophrenia.

X

The young people whose cases we have been reviewing show, with but a very few exceptions, no mental adaptations that can be considered as being especially pernicious. Undoubtedly, however, most of them have been seriously handicapped for a time by these mental reactions, and some of them perhaps have been permanently injured in character and efficiency.

One is not warranted in placing all the blame for their condition at the door of the college. If the college has sinned at all, it is a sin of omission. But to one who is thinking in terms of mental hygiene, of prevention and salvage, the question immediately arises: What are the colleges and universities doing to help their young people over such crises as these? And, if one be frank, one must answer: Absolutely nothing that really counts. One finds puritancial interference, misguided good intentions, but not even an attempt at a psychological understanding of the whims and mental traits of their youthful charges. After a few years of college life—note that we do not say "because of" those years—character traits have developed in many students that will weigh more heavily as handicaps than their intellectual information and training will as assets. It is not Providence, bad heredity, or native stubbornness that has brought about these twists and kinks. They are the result of perfectly understandable mental mechanisms, and just as they have had a natural

genesis, so are they also amenable to a natural treatment. Discipline committees, expulsion, flunking, public ridicule, or moral condemnation are not forms of rational treatment.

Perhaps the finished product of the college course is no more prone to pernicious mental adaptations than other young people of the same age and with the same instinctive equipment. But the colleges have utterly failed if they have merely imparted information and a semblance of wisdom, and have neglected the emotional lives and the conflicts of the students who pass through their halls. If college is to prepare adequately for life, measures should be taken to see that the students are mentally adapted to life as it is, instead of graduating *cum laude* and *cum* also bitterness, cynicism, inadequacy, emotionalism, paranoidism, and shoddy idealism.

This is not a task for one whose experience has lain in remote fields of research, or for one who likes to administer wise counsel to eager youth. Rather is it the task of one who knows human nature and its frailties from the point of view of modern mechanistic psychology. It is a field of service for the psychologist or the psychiatrist.

Our institutions of higher learning are great monuments to the progress of education, but they fail in so far as they apply erudition rather than mental straightforwardness and mental adjustments that prepare their students for a healthy attitude toward life.

The students into whose intimate lives we have pried offer evidence enough on this point. There is scarcely one of them but could have been, perhaps was, brought back to more healthy mental reactions through the medium of this short study, necessarily limited since time had to be divided between teaching and research. Without undue conceit, it may be honestly stated that in the case of most of the students reported in this article, the most valuable contribution that college has made to them so far has been their talk with the writer over things in general and themselves in particular.

Until then they had been the somewhat passive absorbers of information; then they were given the essentials of an education.

SEX EDUCATION IN THE LIGHT OF ANALYTIC EXPERIENCE*

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THERE are few aspects of normal or abnormal psychology which the indefatigable labor of Sigmund Freud has failed to touch upon and clarify with his ingenious point of view and analytic method of approach. At present it seems likely that most of his theories—such as those pertaining to the unconscious, dreams, repression, and the like, which have been in the process of elaboration for over thirty years—will stand the test of time and the application of all the rigid requirements for scientific truth, either remaining intact or serving as a foundation for further investigations. Psychiatrists and psychologists have now, for some fifteen years, been acknowledging internationally and with increasing assurance the value of Freud's theories to their sciences—not to mention his contributions to sociology, art, and pedagogy—but future generations will be more particularly indebted to him for the courageous and incisive manner in which he has called attention to the manifestations of sex before the time of puberty, and to the far-reaching effects that such pre-pubertal sex interests exert in the subsequent molding of the individual's character.

In his sex theory, Freud has pointed out that the first pleasurable sensations which the infant experiences arise from the stimulation of its own mucous membranes, and that for several years following birth its main source of pleasure consists of stimuli arising from within its own body. This period of development is called the auto-erotic stage, and many of its accompanying physical manifestations, such as defecation, urination, the impulse to master, must be considered as precursive to future interests undeniably sexual.

* Read before the American Psychopathological Association, Boston, June 2, 1923.

In addition to these indefinite manifestations, the observations of pediatricists show that numerous unmistakable sex activities normally appear before the age of six, and psychoanalysis has demonstrated that the child forms very definite theories of copulation and reproduction before that age. The child, moreover, is primarily interested in self-gratification, and although after the first infantile sex arousing, a large proportion of children pass through a period of decidedly diminished sex interest and activity, auto-erotic tendencies are not lost, and in most boys and many girls reawaken in concrete sexual form at the time of physiological puberty as physical masturbation. The child takes its own body as its first love object and generally, before passing on to the love of a contemporary of the opposite sex, chooses some one of its own sex as an actual or as an ideal object of love. Many children experience real sex contact with a child of their own sex before reaching the adolescent period. The attachment of the child to the parent in the infantile period is primarily due to physical dependencies, but as the absolute need of the child for the mother in a custodial way decreases, a tendency develops for the child's emotional attachments, often at an early age already sex tinged, to center on the parent of the opposite sex.

The child occupies itself unrestrainedly with the indulgence of its own instinctive needs and will. Most of its displeasures come from restraint and deprivation. Even during the first year of life the child is compelled to restrain its will, and the mighty, lifelong battle of the impulses against the repressive demands of education begins. It is not surprising that outbursts of anger and defiance should soon appear, originating pedagogical problems for the first time. Obviously it is no easy matter to choose the correct balance between undue strictness and overindulgence, not only in these early years, but in adolescence as well.

A certain amount of love and tenderness from his custodians seems absolutely necessary for the fullest emotional development of most children, but the amount beneficial to the average child cannot be even roughly determined. The child who comes as an unwelcome addition to the family, particularly to the mother or to households already overburdened

with children, is the victim of discrimination—e.g., is obliged to wear cast-off clothing which an older sibling has outgrown—and receives more than its share of punitive discipline. Such an absence of love is not without a lasting influence throughout life, and the unloved child, unconsciously reacting to its infantile lack, becomes bitter, discontented, and resentful, and may have great difficulty in adjusting to adult love and social exigencies. On the other hand, unlimited and unwholesome leniency is the rule to the first-born, whose every will is granted and who early becomes the tyrant of the family. Indifference even to the point of neglect, however, seems far less detrimental to the emotional development of the child than inordinate coddling and a surfeit of solicitude on the part of his elders.

Any consideration of sex education should take these facts into account, and it follows that sex education is inseparably interwoven with the training of other bodily and mental functions, and should begin at the same time—namely, when the child leaves the crib. Of course, the amount of attention that should be devoted specifically to sex instruction during the first few years of life is minimal as compared with training in other directions, such as walking, talking, controlling the sphincters, but the strength of the sex impulse and its derivatives in the earliest years should not be undervalued.

If sex education is to begin thus early, the first essential for satisfactory instruction would be the commandeering of competent parents for the child. The era when that would be possible has not yet arrived, and probably will never arrive. I do not propose to expatiate upon the vicious circle that exists at present: the child is dependent for early sex education upon its parents; its parents' conceptions of sex matters are unconsciously retained from their own childhood and cannot readily be fundamentally changed so late in life; therefore, unless the child be blessed with exceptional parents, it must bear the consequences of their own faulty training. I only wish to point out that only too often parents, in an unconscious revenge reaction, do impose upon their children the very repressions that they so despised in their own childhood. Thus we find that keen analyst, Samuel Butler, in *The Way of All Flesh*, bemoaning the fact that

many benevolent persons have endowed institutions for children who have lost their parents, but no one has been courageous enough to found an asylum for those wretched children who have not been so fortunate as to lose theirs. The proposal of a parentorium is a more facetious present-day variation of the same theme.

Luckily, the vicious circle is not without gaps and tangents, and while the childhood sex impressions obtained from parents are the most lasting and the most powerful because they become unconscious, they can be subsequently substantially molded and modified, especially at the momentous period of physiological puberty, through intelligent educational assistance. Impressions received long after the infantile period—at ten or twelve years and even later—have a profound effect in determining the sexual course of the individual. Nearly all neurotics, in the recital of their life's history, insist upon the enormous importance that they believe proper sex direction at critical times might have had in preventing their unhappiness and in assisting them to progress normally to a point where they could establish a successful heterosexual love, instead of reverting back pathologically, because of repression, to infantile sex interests. Their opinion in this regard must be given due weight, notwithstanding the fact that the analysis of many neurotics who attribute their failure in sex adaptation to misinformation at the period of puberty reveals these complaints to be cover memories or accentuations of isolated events or opinions that corroborate or harmonize with infantile impressions. For example, a Harvard graduate and eminently successful business man, aged fifty-four, attributed his persistence in masturbation up to that late age to a statement which he had heard while still in college that a man who masturbated would remain impotent for life and could never marry. In reality he merely utilized this chance remark to protect himself against unconscious incest desires dating from childhood and to reinforce his obedience to his mother's warning to him against "looking", which occurred at the age of eight.

The repression of instinctive trends, which is imposed upon the child to train him for the needs of civilization, soon includes the sex impulse. The little household episodes

involving contact with the parents while the latter are more or less nude, an appreciation of a difference in the personal habits of the father and mother, and so forth, cannot be avoided, and while it is not desirable to overstimulate the child's curiosity, when sex-tinged occurrences come to his attention, they should be met without embarrassment and as natural events. This difficult task most parents cannot fulfill, because of their own resistances in connection with sexuality.

The vexing question as to when sex instruction should be included among the other aspects of training is usually solved by the child with some pointed allusion to sex topics or by an overt sexual act, and is best left untouched until such a time. Often this unexpected intrusion of the child's question startles his environment, as shown by the following observation on his three-year-old son reported to me by a patient, aged forty-five, under analysis for a fear of his own father, aged eighty. It serves to emphasize Freud's assertions in regard to the early origin of sex interest and theories.

The patient, who had two sons, aged five and three, expected an addition to his family within a short time. On this account, he and his wife decided to use for the new arrival the services of the nurse who had cared for both children since their birth, and engaged a governess for the growing boys. As the governess was expected to take charge in a few days, his wife decided to inform the boys of the change and the reason therefor. She told them that she was going to have a baby and that the nurse would have to leave them to care for it, just as she had nursed them when they were little. The older boy appeared indifferent to the news, but the younger, who is more alert and curious, inquired of the mother, "Where do you keep the baby?" She replied, "Mother keeps it close to her heart." Then to her astonishment he pursued his inquiry with, "How does it get out?" His question nonplused and embarrassed her, but while she was conscientiously searching her mind for an appropriate reply, he relieved her perplexity by volunteering the answer, "I guess it comes out of your rivers." (In the nursery language of this household, "making a river" signifies urination, and "rivers" is a euphemism for the penis.)

As the boy has already shown a distinct desire to force

entrance into a room where he knows his mother is disrobing, the father, a Harvard graduate, questioned me as to the best method of dealing with this tendency. He significantly remarked, "I had fully determined that my boys should benefit through the misfortune and misery that came to me as the result of my own lack of sexual enlightenment, and I felt that I would be competent to instruct them when the time came—perhaps in their high-school period—but I never suspected that I could be brought face to face with the sex problem in a three-year-old." It is a fairly safe assumption that this child does not differ greatly in his actions from the father in the latter's own childhood, but the memory of infantile life under ordinary conditions does not reach beyond events that occurred before the age of five or six. The father's own experiences of a similar nature have lapsed into the unconscious. It is not improbable that what impressed the inquisitive youngster most in connection with the whole episode was his mother's reaction of confusion and shame at his question.

Even at the age of three it is a mistake to withhold or distort sexual truths from a child in so far as he is capable of grasping them intellectually. With the best of instruction the child will independently formulate and cling to conceptions of his own from truths or untruths he is told or from what he observes in the infantile period. Notwithstanding this inevitable imperfection in the scheme which nullifies good intentions, the child should not be willfully misled by implausible stories of birth, nor should he be forced to rely for his information upon haphazard, inaccurate scraps foisted upon him by other children or illiterate adults (servants) which mystify or terrify him.

During adolescence, the boy or girl is entitled to be made acquainted with the essential physiological facts of the sex life of human beings. This information should not be given through analogies with plant reproduction, which is so far removed from the child's imagery and experience as to render the entire information intangible, foreign, and irrelevant as a personal affair. The facts should be imparted simply, without investing them with an artificial aura of sacredness or secrecy. One of my patients, a cynical young

man whose failure in sex adaptation had led to a suicidal attempt at eighteen years while he was in college, remarked, "I was one of those who was systematically enlightened (at twelve years). I was taught a 'few beautiful truths about nature' by my mother. I knew a lot already." (His memory of sex events dates from the age of two and a half.) "It wasn't beautiful at all. To me sex was just fun."

In spite of the fact that well-intentioned sex instruction often misses the goal, it is certain that reserve does not tend to promote confidence between parent and child, but disrupts it. The most frequent cause of ineffectiveness in parental attempts at sex instruction, aside from unconscious influences, lies in an incongruity of precept and action; parents often attempt to expound the naturalness of sex processes, but plainly exhibit their resistances to the subject in their manner. The secret that the child keeps from his parent—the imperfectly apprehended secret that he learns so young—creates a situation of distrust and embarrassment which it is difficult to eradicate in after years.

Sex instruction should be given to each child individually, privately, and specifically, at opportune moments over the period of years, roughly, from four to eighteen, with the intent of conveying the truth as to physical facts. Preferably that parent should assume this duty in the period before high school, if he or she be in the slightest degree equal to it. The moral aspects of the sex question are usually early derived from the parents' own acts and attitude in the household before the child reaches the school age. The difficulty of assigning the task to some qualified person who stands in close confidential relationship to the young child, such as the family physician, a trusted clergyman, or a favorite older relative, rests in the fact that the outsider's point of view so often clashes with that which the child has recognized as the parental. It must be admitted that in many instances no thoroughly satisfactory person for childhood sex instruction is available.

Even when the child has reached the high-school age, lectures on sex hygiene delivered to classes or large groups of either sex are not to be recommended. No matter how tactful and adept the speaker may be, such lectures fail in

their purpose because of the impossibility of establishing the necessary personal contact with the hearers. In addition, no two hearers find themselves at precisely the same stage of psycho-sexual development, so that a majority of them depart from a collective sex lecture bewildered, if not alarmed, and conceal their apprehension by a fictitious levity. Many patients have stated that such lectures in high school or college served only as a stimulus to sex excitation without clarifying their dilemma. When the first intelligible sex enlightenment comes late in adolescence, after the individual has lived through many painful sex-tinged episodes, it may lead to retrospective regrets for missteps made or animosity against those held accountable for the mistakes—usually the parents. So, too, popular treatises on sex instruction for adolescents, even when honestly and judiciously written, are usually interpreted by each reader in the light of his personal experiences.

Even in the case of those who enjoy the best environmental associations, for effectual sexual enlightenment the adolescent must be granted the privilege, before it is too late, of presenting his individual conceptions and sex problems in his own terms to a capable confidant with the feeling that eventually, if not immediately, the vexing personal questions will be answered to his satisfaction. The day is not far distant, I hope, when a group of psychiatrists, with an analytic point of approach, will be attached to the staff of every high school and college, so that each entering freshman may have the opportunity to thresh out his particular psychological problems, which usually are psycho-sexual, at leisure in the consultation room. From analytic experience I think that the reclining, free-association method would be a very feasible and acceptable procedure for ascertaining the difficulties of the student and before long the psychiatrist would be able to gauge the normal amount of resistance to be encountered at any given age. Markedly increased reticence would indicate more than the average sex conflict and therefore the need for additional attention by the examiner. By this it is not to be understood that only psychiatrists trained in psychoanalysis would be available for these individualistic examinations, but certainly the approach should be made from the

point of view of the subject—what he or she thinks, desires, or fears. Nor is this procedure advocated as a panacea for all problems of sex education, but many of the unfortunately inevitable conflicts between infantile psycho-sexual impressions, parental attitudes, and adolescent conceptions and demands could be reconciled, and much mental suffering and perhaps serious mental disease prevented.

It has already been emphasized how intimately the sex development of the child is influenced by his relationship to his parents. A meditated interruption of infantile emotional attachments between children and parents through alienation or separation at a reasonably early age is bound in the end to react advantageously on both, no matter how painful the process may appear at the time to either or both parties.

Sometimes pathological familial attachments are wittingly fostered and interminably protracted by selfish parents who have been disappointed in the love they expected in their own marriage relations, or who have lost the companionship of their mate through death. One sixty-six-year-old daughter, though married, had never escaped from the domination of her imperious mother, who lived in full mental vigor to the age of eighty-four. When finally freed at the age of sixty-three through the death of the older woman, she reacted like a prisoner whose long sentence has expired, and who, after a brief attempt to cope alone with the world outside, knocks at the prison door with a pathetic plea to be readmitted. This old lady found refuge in a depression which lasted up to the time of her death at sixty-six.

Children who have failed or who have been prevented from effecting a timely liberation from parental attachments continue as young adults to be disrespectful and querulous, at times hateful toward the loved parent, an attitude that reflects the child's dissatisfaction with the retardation of his own emotional evolution. In contrast to this, after the normal successful dissolution of the psycho-sexual bonds between parent and child, an equable relationship on an adult plane can be firmly established. From the aspect of character development, the importance of such a transition cannot be overestimated, for children with pathological parent attachments are apt to continue that type of personality, gaining

satisfaction only from and through themselves; and when, later in life, through death or accident, they are deprived of the parental solicitude, they find themselves to be lamentable adult orphans. Thus abandoned late in life, they remain socially out of harmony with normal persons who have emerged from the stages of dependence through which, of course, each one of us inevitably passes.

The analysis of several physicians who have consulted me for neuroses of various types has served to accentuate the generally known fact that the scientific discussion of questions of sex life is not encouraged in the medical-school curricula and may be even forbidden. While the medical student is thoroughly impressed with the ravages of venereal disease, he learns nothing of the nature of the overwhelming sex force, which impels men, so often with full knowledge, to risk the danger of devastating venereal infections. He is usually given no instruction as to what may be considered normal in sex life to serve him as a standard for comparison and estimation for abnormalities, nor is he taught the far-reaching effects which deviation from the norm exercises in the production of symptoms referred to various organs of the body. Not long after graduation his advice is sure to be sought on topics of sex hygiene, and if his judgment depends only on his personal and usually limited experience, he must encounter many problems which he is inadequately trained to handle. A brief course in sexology is entitled to its place in the medical schools, not only for the purpose of equipping physicians to cope intelligently with problems of sex hygiene in the individual and the community, but to enable them also to avoid pitfalls in diagnosis where the etiology of somatic symptoms is one of psycho-sexual pathology and the treatment psychological, rather than medicinal or surgical.

METHODS OF RECREATIONAL ADJUSTMENT AS A FORM OF SOCIAL CASE TREATMENT

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THE problem of selecting and utilizing available recreational resources is the most practical side of recreational therapy in behavior problems. The cases that I have presented in this paper were encountered in the work of the Institute for Juvenile Research, Chicago. Though the resources considered are limited to that city, the problems are no doubt the same elsewhere.

It is unnecessary to say that recreational resources should be as carefully surveyed and catalogued as any other kind of resource, yet few agencies have complete information of this nature on file. An inquiry directed to thirty psychiatric social agencies revealed the fact that although six made some use of community recreation centers, they kept no records of their recreational resources. The system of cataloguing is not as important as completeness of information and facility in using it. When the recreational work at the Institute for Juvenile Research was begun in August 1920, the social-service directory of Chicago, published two years previously, was too limited and out of date to be of much value. This necessitated a survey that included the collecting of information from the chief park boards, the Chicago Federation of Settlements, the Chicago Board of Education, the Municipal Board of Parks and Bathing Beaches, Boy Scout, Girl Scout, and Camp Fire headquarters, and approximately 150 interviews with recreation leaders. The information secured has been graphically represented by a spot map and is used in connection with a card catalogue. Recreation centers are indicated by the use of pins of different colors which designate the type of agency—park, playground, settlement—rather than the type of recreation. In addition the ward divisions of Chicago are shown, the density of population,

the distribution of the foreign born, and a comparative study of juvenile delinquency and recreational resources based upon juvenile-court registrations for the years 1916 and 1921. A schedule of daily activities of the recreation centers, kept up to date, is also on file.

From the standpoint of personality, the choice of suitable recreation is often a most difficult problem. For this reason it is as essential to know the directors of the recreation centers as it is to know the nature and schedule of their activities, so that one may be able not only to estimate standards of leadership, but to select persons able to carry out certain lines of treatment. For example, a seventeen-year-old boy with an intelligence quotient of 75 protested strenuously against a certain examination until it was urged that it would be helpful in the study of other boys. It seemed wise to stimulate this slight spirit of altruism, which contrasted with his usual self-centeredness. This was made possible through the agency of a club leader with sufficient discrimination to make the boy assistant leader of a group of younger boys without allowing him to assume more authority than his intelligence warranted. Whether this type of information should be kept in a card catalogue depends to a large extent upon the objectivity with which it is recorded.

Certain limitations as to the use of recreational resources often hinder the plans of the social worker. While some of these are characteristic of the present developmental stage of the recreation movement, others are inherent difficulties. The distance between the child's home and the recreation center may have a decided bearing upon placement, for when it is necessary to use a street car, the issue may rest upon one or more of the following points: age of the child; time at which it is dismissed from school; tendencies toward truancy that might be stimulated by such a trip; economic status of the family. Where placement within the neighborhood is impossible for young girls of working age, the dangers of a long trip alone at night may outweigh the value of the recreation.

Another difficulty is found in the limited scope of activities at the recreation center, which are often inadequate to the needs of the child in question. Consultations with recreation

leaders and personal experiences in social settlements indicate that this situation results from an attempt to meet the needs of large groups in which "the greatest good of the greatest number" must be the determining factor. For example, an eighteen-year-old girl was referred to the Institute for Juvenile Research because of an attempt at suicide. This, in the opinion of her employer and relatives, was a ruse to attract attention to herself. The girl's dramatic recital of the occurrence and the satisfaction she derived from the attentions received while at the hospital tended to confirm their opinion. It was thought that a club with facilities for dramatic expression would prove helpful in her case, but a survey of the recreational resources available showed that there was no organized recreation in the girl's neighborhood. The nearest center, a mile and a quarter distant, had no activities of the desired nature. An amateur theatrical group was found in a settlement three and a half miles distant, but the type of work was beyond the ability of a girl in the "dull and backward group". In a settlement five miles away there was a club that sometimes gave theatrical performances of a simple type, but at that time the girls were interested in fancy work. Three other settlements had no clubs for girls over fourteen years of age.

The question of distance is not the only limitation in the placement of children outside their neighborhoods. Natural clannishness may prevent their admission into the groups selected. This is true of adolescents in general and of girls in particular. Psychologists and recreation workers are agreed that at this age "team spirit" is at its height, and in order to preserve the homogeneous atmosphere of the club new members are usually recruited by the old ones. Any other method of entering would make the child appear conspicuous. Admission to the club does not necessarily indicate admission to the circle, and isolation is keenly felt by even the duller of children. Club leaders are of the opinion that it does little good to appeal to the generosity of the members, for when they respond to the new member, they do so with such an air of patronage that "snubbing" is almost preferable.

The situation is somewhat different in the more loosely organized gymnasium groups, where opportunities are greater

for winning recognition through individual prowess. Sometimes admission to a gymnasium class may be used as an initial step toward membership in a more intimate circle. A recent development of the play movement in Chicago is the inter-settlement council, at which members of clubs discuss problems in common and arrange athletic tournaments and parties in which clubs throughout the city participate. A group of girls remarked, after one of these "meets", "Why, those girls are just as nice as we are!" Although a slight breaking down of this extreme clannishness has been observed, the general attitude of children toward group formations is the same, and at present has to be accepted.

The majority of children are reticent about their play interests, especially so when attention is focused upon them. One explanation is that many parents and teachers are inclined to minimize the necessity for recreation when it conflicts with the performance of home and school duties. Children often reflect this attitude outwardly. A good example of this is seen in a composition written by a little girl of ten, who, in depicting the life of a native child of India, said, "When they have nothing important to do, they play games." The fear of adult criticism in regard to play life is apparent in the child's tendency to assent to any hint that the interviewer may give about his recreation.

At various times the questionnaire has been used to discover latent interests, but with little success. It consists of questions on the use of leisure time, such as: "Which is your favorite game? Which games do you like to play in winter? In summer?" The answers are in written form. It has been found that the majority of children answer merely to "say something". Mr. W. H. Munson, head of the department of hygiene at Winona State Teachers' College, Winona, Minnesota, says of this method: "Children give answers to the questionnaires in too thoughtless a manner to make them of any value for investigative data. Questions of my own, answered by the same group at three different times within fourteen months, showed no constancy in nature of reply, and in many cases absolute contradictions." Dr. Lewis M. Terman, of Leland Stanford University, has recently published a form of inquiry in which the questions refer to

articles of play equipment and play terminology. For example: "Snap is played with cards—dice—dominoes." For answer the child underscores the correct word. This method will undoubtedly give an insight into the child's familiarity with play activities from which it may be possible to form some conclusions with regard to his range of interests. However, it has not been tried out a sufficient length of time to make it possible to estimate the results.

At the Institute for Juvenile Research it has been found that children often tell spontaneously of their past play experiences when sufficient interest is shown by the interviewer. This makes it possible to estimate with a fair degree of accuracy the depth and extent of play interest, and is much more effective than direct questions as to preferences. Rigid adherence to the information secured is, of course, not necessary. The child may have a very limited range of interests and show a preference only for plays with which he is familiar. However, this manner of approach may result in some indication of the type of response that may be expected and suggest a starting point for the child's recreational adjustment. The recreation center has developed no special technique to discover such interests, and the club leader, in the rush of his play program, often makes assignments with little thought as to their fitness. Whether a more careful method should be used for the majority of children, as well as for the unadjusted child, can be determined only through a study of membership "turn over".

In the placement of children with behavior problems, the Institute for Juvenile Research has always been frank with recreation leaders in regard to the child's difficulties. It is poor social economy to jeopardize the interests of the entire group for one individual. Moreover, observations by the directors are naturally more pertinent when all the facts are known. This information is always received objectively and has never resulted in a child's exclusion from membership. At one settlement children from the institute are placed without regard to waiting lists. At another, a girl suffering from "peculiar breathing spells" was allowed to remain in a Girl Scout troop until the psychiatrist was satisfied that the experiment had been thoroughly tried, although this required

considerable forbearance and tact on the part of the leader. At times, observations by the club leaders are not sufficiently definite to be of much assistance, but this is often due to the size of the clubs in question and not to a lack of coöperation.

The selection of the right kind of play activity is usually a simple matter for the child who "knows his own mind" and who is amenable to necessary restrictions. To him the question is merely one of opportunity. However, it may be impossible, for any one of a number of reasons, to place a child in accordance with his expressed interests, and a substitute placement must be considered. In this event, a frank discussion will result in fuller coöperation on his part. This method gives the child some conception of the worker's attitude toward his play life, places the relationship between them upon a plane of importance, and prevents any suspicion in his mind that something is "being put over on him".

The work at the Institute for Juvenile Research in the recreational placement of children has resulted in no standardized treatment in recreation for certain types, nor has the possibility of this been determined. However, certain frequently recurring factors have been observed, especially in relation to the feeble-minded and some of the psychopathic types.

The feeble-minded child is not the most difficult to place inasmuch as the majority of club assignments are not made on the basis of mental age. Placement is almost impossible for the adolescent child with a mental age of from eight to ten years. Recreation leaders find that the child of this type needs constant reminders to insure regularity in attendance; he is easily distracted and lags behind other members of the club; he often covers his inability to grasp the rules of the games with a boisterous manner that it requires much of the leader's time to control; he is usually the butt of the practical jokers in the group; the odds are against him in any sport of a competitive nature and he soon becomes discouraged and ceases to make any effort to keep up. So far as is known, no recreation center has provided activities especially designed to meet the needs of such children.

In response to inquiries, many recreation leaders spoke of the difficulties in placing such children in the average

club group, but thought the number in any one community was too small to justify special provisions. To determine this, the record files of the institute were examined for a period of one year, and each address within a settlement area was listed. Twenty-one settlements were included in the study. It was found that 286 children registered within the year period lived within the boundaries of these settlements. The highest number for any one settlement was thirty-three, the average per settlement was about sixteen. Fifty of this group were diagnosed idiots and imbeciles, and the mental defect in the majority of the cases was such that it was easily detected. Had the survey been more extensive and over a longer period of time, the results would no doubt have revealed many more children for whom the recreation center might make some special provision. This would not require an entire change of the type of recreation now in use, but merely a simplification of play and play directions. The rate of progress could be adjusted to the child's rate of accomplishment, and competition, with his mental equals, might become an incentive rather than a discouraging element. The contention that a child for whom this provision is made will be "tagged a dummy" seems futile in view of the fact that nothing so effectually places him in that category as competition with children several years his intellectual superiors. It is possible that with tactful management and an elastic schedule, such as a recreation center affords, this unfortunate designation might be prevented.

There may be cases in which an interest or special ability in one field is sufficiently great to make possible competition, in that one line, with children otherwise superior. This was found to be true of an eight-year-old boy rated subnormal by general intelligence tests whose work in manual training compared favorably with that of boys actually older than he.

The problem involved in the recreational placement of the child diagnosed "psychopathic personality, egocentric type" is to find for him a means of self-expression with special opportunities for "showing off". Clubs with facilities for dramatic expression fit this need for girls of practically all ages and for boys until the adolescent age. While it is possible that the egocentric boy of adolescent age may benefit by

dramatic expression, few organizations have found such recreation feasible because the "average" boy develops a self-consciousness at that age that makes him reluctant to take part in dramatic work.

Organizations such as the Boy Scouts, Girl Scouts, and Camp Fire Girls, with their definite system of ranks and promotion, may prove a worth-while experiment for the egocentric child provided he is interested in the duties that are included in the various tests. When his interest is not aroused, the experiment is likely to prove a failure because he is brought face to face with a clear-cut issue between accomplishment and failure. Unable to obtain the recognition he craves, he soon becomes discouraged from making any effort to fulfill the requirements.

The psychiatrist may discover that the egocentricity is an unconscious covering up of a personality or physical defect. In that event the child must be so placed, recreationally, that there will be little chance of having this difficulty accentuated. The egocentric child may turn all failures and rebuffs to his advantage, or he may complain that the other children "pick on him" and prevent his succeeding. An illustration of the first type of reaction was seen in a nutrition class at one of the park centers. The boy in question had lost a pound and a half in weight. He was chided for not having lived up to the rules for health, and was told that he would have to sit at the foot of the class, as his loss for the week was the greatest. As he took this position, he boasted to the others, "Say, fellows, I lost a whole pound and a half last week." In this case the boy succeeded in changing the attitude of the other children from censure to admiration, but the teacher was, of course, annoyed over the turn of affairs.

This brings to light another difficulty in the adjustment of the egocentric child—that of securing an objective attitude from the recreation leader. The child of this type runs counter to all the good old maxims along the line of "Children should be seen and not heard." He is considered a "smarty who should be shown his place and kept there". However, the antics of the egocentric to attract attention are often in themselves harmless, and if efforts are directed toward finding something in which he can attain recognition,

the expression of this type of personality through less desirable channels might often be prevented.

From the standpoint of the group, it may sometimes be found helpful to regard this type of behavior as an asset rather than a liability and to utilize it accordingly. The greatest difficulty is always found with the child who craves to lead, but has no ability to do so. The interests of the entire club cannot be sacrificed for him, nor is the treatment sound when he is merely pampered. In such a case emphasis must be placed upon definite training in some one thing, and the child should have the aim in view kept constantly before him.

There are some egocentric children who may resent the social worker's direction in the matter of placement. In several cases at the institute this direction has been made unobtrusive by working, unknown to the boy, through the director of the club, who arranges for his membership committee to call at the boy's home and invite him to join the club. This has worked out very well, and few boys have been able to resist the subtle flattery of having their membership sought by other boys.

In the recreational placement of children of the opposite type—"psychopathic personality, inadequate type"—the emphasis is also placed upon recognition, but in this case the efforts are directed toward stimulating a desire for it in the child. If possible, the inadequate child should be placed in small groups, where competition is not keen, and where he will receive a great deal of attention from the recreation leader. No opportunity to give praise and encouragement for duties well performed should be lost. The nature of the activity will depend to a great extent upon the intelligence of the child, but possibly the "trial and error" method of selection is indicated in this type more than with the others. An associate with decided play interests who will supply the necessary motive force may prove a decided asset in carrying out this treatment. Whatever is attempted should be regarded as a "splint method", and the support should be withdrawn as the child progresses.

A boy of this type has been under the social supervision of the institute for the past two and a half years. He was re-

ferred because of refusal to go to school, crying, fears, stealing, and passive sex perversions with an older boy. During the two and a half years he has been placed at various times in wood-carving, manual-training, swimming, and gymnasium clubs. Two weeks were spent at camp in 1921 and five weeks in 1922. The interest of the club director was secured through consultations at which the boy was present and in which the play program was studied in its relations to his interests. He has participated also in outings consisting usually of five or six children. His attendance at clubs has been fairly regular and all invitations to outings have been readily accepted. Although there has been an improvement in behavior—only difficulties of a minor nature have been reported since May, 1922—this case illustrates the inadvisability of estimating results by the degree of response to the activities in question. The boy has developed no decided play interests, and it has been observed on outings that his interest is superficial and rarely sustained to the close. It is possible that a brother who has decided play interests and has been included in all plans for the patient is responsible for the regularity of his attendance at clubs and his acceptance of invitations to outings.

SUMMARY

In recreational treatment the first essential is complete information with regard to recreational resources. Few agencies possess adequate information of this sort. At the Institute for Juvenile Research a spot map with the addresses of all recreation centers in Chicago is used in connection with a card catalogue and has been found indispensable in recreational placement. Personal contacts with recreation leaders is as essential in placing cases with personality problems as knowledge of recreational resources.

The chief limitations of recreation centers, from the standpoint of social case treatment, are their scarcity, the narrow scope of their activities for behavior problems, and the natural clannishness of neighborhood groups.

Children's play interests are best ascertained by means of personal interviews on actual play experiences.

Recreation leaders must be told frankly the problems involved with the child to be placed.

Special recreation problems occur in all special types of personality. For the feeble-minded, simplified play under direction, with children of similar intelligence, is most successful; for the egocentric, play with opportunities for "the limelight"; for the inadequate, small-group play with special encouragement.

THE PSYCHIATRIC POINT OF VIEW IN SOCIAL WORK

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THE psychiatric social worker has been so busy proclaiming her existence and staking off her claims in the social field that she has not always taken time to consider what she would do with her conquered territory. The preliminary challenge that the rest of the fraternity issued she answered to some extent by pointing out as the distinguishing tool in her equipment her possession of a "psychiatric point of view". For a beginning this was a sufficient revelation to establish the new guild. The regular case-worker gladly yielded room to any one able to discern in cases with which she had failed the existence of nervous and mental abnormalities accountable for the failure. She was relieved to turn over such cases to experts in handling them and merely to follow with friendly curiosity operations governed by the new technique. The propaganda of the psychiatric movement led her to expect, not only a different diagnosis, but a revolution in methods and miracles in results as well, and certainly what she beheld of real achievement in the new field gave her some justification for these expectations.

However, as social workers in general have observed developments in psychiatric case-work, they have become increasingly doubtful as to whether it constitutes a new method. Does this "psychiatric point of view" mean much more than a trained flair for symptoms, a flair that any case-worker might readily acquire in a few odd courses and some miscellaneous browsing in popular handbooks of psychiatry, psychoanalysis, and pseudo-psychoanalysis? For as far as some of these most liberal critics can see, psychiatric case-work involves no radical departures from the canons of treatment they themselves have laid down. Has the psychiatric case-worker only added unto a superficial case-work training

a nose for symptoms and a tongue glib with *clichés*? What remains of the boasted distinction of the psychiatric worker after the regular social workers have picked up "inferiority complexes", "repressions", and "defense reactions" as part of their general sophistication, the inevitable result of the present boom psychoanalysis is enjoying? If, as it appears, the new method is merely the old method, now no longer formidably clad in psychiatric jargon, why should the psychiatric social worker's performance not be subject to the same criteria as the regular's? After all, what future has psychiatric case-work apart from that of regular case-work?

The psychiatric social worker, however insistent she may be about having a free hand to develop her technique, is herself often puzzled as to what she shall do with her freedom. Nominally she is subject to no restraints except those imposed upon her by the psychiatrist with whom she works. Her independence she owes to him and his generous endorsement of her as an indispensable assistant. He and the psychologists give her diagnoses and help her to interpret them in general terms of social treatment, but to an astonishing extent they have come to rely upon her own judgment and initiative for the actual control of follow-up. The average psychiatrist has found his lay worker so essential for social knowledge of his patient and so useful for supervision that he does not think it necessary to regulate her case-work technique, but accepts it as he expects his own technique to be accepted. The fact that with her coöperation he has scored results impossible without her case-work has made him assume that the province of case-work is one naturally to be considered her own. Moreover, the tasks that he assigns her are those common to every social worker's problem—the reëducation of attitudes and the reshaping of a stubborn environment to the needs of the particular case; and though she must contend with these tasks in aggravated form and from the subjective angle, he believes that her special case-work equipment fully qualifies her for the undertaking.

The average psychiatric social worker has no illusions about her competence, for she is too often confronted by the impossible in her cases to overrate the value of her present technique. She so frequently resorts to blind experiment or

acts on unauthorized inspiration that she cannot easily forget in what a primitive stage of evolution her whole art is. She scores her signal, saving successes or she would not survive to experiment again, but she sometimes realizes that she has no better explanation for these than for her failures. When she reviews the record of her work, she cannot formulate from it any new principle of action, although she has fumbled through a procedure which she knows to be new and in its essence derived from her psychiatric point of view. The procedure itself remains intangible, and what help does her mere conviction that it exists give her in the impasse she has reached? Does it exist if she is unable to record it? Or has she ever really attempted to record it?

How far, indeed, has the psychiatric social worker adapted record making to meet her special needs? Certain mild innovations she has made, usually, however, of a purely descriptive sort and primarily in the interests of diagnosis. She introduces intensive personality studies of the *dramatis personæ*, she gives greater heed to individual reactions, but these she intends rather as a definition of the material with which she deals than as a record of the dynamics of treatment. The regular social worker has taught her to set down the details of medical treatment and the external adjustments she achieves in the environment; she frequently records reactions to material changes of this sort, but in content and form she follows the standards set by and for the rest of the fraternity. As it is commonly written, her record indicates the use of little beyond regular case-work machinery, and its conventional character is the score on which other case-workers base their right to criticize her practice of their art. When she actually subscribes to their technique, how are they to judge of those differences of perspective and purpose which she defends as fundamental to her point of view? That she demands unusual concessions of the environment for the benefit of her client, that she gives insufficient attention to the family as a whole and is prone to neglect ordinary physical adjustments, are criticisms that arise not only from a misconception of her aims, but also from the absence in her records of positive indications of a different method and another goal. How can she develop a different method and

work toward another goal if the psychiatric point of view as a principle of action is too nebulous for detection in her records, and if its operation is chiefly apparent to other case-workers in the disregard of cardinal articles of the regular case-work creed?

The psychiatric social worker knows that the practical application of the psychiatric point of view means that the main emphasis shall be put on the relief of psychic tensions and the redirection of misguided energies. She knows that any "plan" she imposes will be irrelevant and that she must instead content herself with freeing her client so that he may plan wisely for himself. For this there is no royal road; she cannot draw on any such bible of practice as Miss Richmond's *Social Diagnosis*; she must use her own empirical method for details with which the psychiatrist cannot be bothered. Yet the reverence she pays to the ordinary prescriptions of record making results in her omission of all those subjective elements in her case-work on which her psychiatric aims peculiarly depend. And the most striking result of her subservience to the rules is the elimination from her record of herself and her reactions. Though she determines the equation, she modestly remains an unknown quantity and takes care that, however much she may be suspected of a part in the action, at least she will not be caught red-handed in it.

If her method is primarily a subjective one and if her success turns on the relationship she establishes between herself and her client, how can she so utterly suppress herself from her record and yet give a responsible account of what she is about? How can she even keep track of so delicate a process if she eliminates one-half of it from the record? How can the psychiatrist or any other interested reader tell to what sort of personal treatment clients are responding or failing to respond? As long as the case-worker remains a power behind the throne, she deprives her collaborators of any just notion of her influence and its effects. If all concerned were in real agreement about the one and only way to deal with any human experience, the recording of the psychiatric worker's ways and means might be superfluous. But when there is no consensus of opinion about either psychiatric methods or psychiatric ends, the worker can retain her

own orientation and contribute toward that of others only by more faithful recording.

As it is, much of her psychiatric accomplishment remains incomprehensible. The reader of her records finds no trace of her subjective efforts, and so their results, when chronicled, startle and baffle his powers of understanding. Unexpected changes of character are wrought in the main personages—a resistive bully turns lamblike and coöperative, a malicious child is converted from a pariah into a social favorite, a drunken loafer is recalled to his family duties—and these miracles are as inscrutable as if no psychiatric social worker had struggled to bring them about. How did she achieve a change of attitude in a specific case? On what basis has she worked a given transformation? How are her results to be measured unless she tells us as definitely as possible what speech and action produced them? She may win the coöperation of a hostile parent "by explaining the patient's case to him", but from such a statement can we guess how she has done it and how much she has done? Did she simply frighten the man into submissive coöperation? If she did, is this the beginning and end of her work? Or is his change of attitude merely a change toward her, effected by her winning personality? Is the change a sudden shift of mood or an essential difference in attitude which makes the "concession" that she is thus wringing from one of the factors in the patient's environment a fine contribution to the whole family's welfare? How are those working with her to know how much they can build upon her work and whether it was justified in methods or results unless she holds herself accountable for every detail of treatment?

Without a doubt it is the apparent triviality of this detail that makes case-workers decide not to clutter up their records with it. The psychiatric case-worker may not dismiss it as trivial, but she has received her training in record making from regular social workers and feels decorous only in recording the operations in which regular social workers deal. Yet the opportunities for establishing in a client a healthy self-respect, a normal sense of responsibility, and average social initiative usually present themselves in incidents almost too insignificant to record, and so as a rule they

are not recorded unless they have an anecdotal interest. Even when they are set down for their "story" value, there is no obligation to record how they were handled or whether they were handled at all.

The psychiatric social worker, if she really is cultivating new and better powers of self-direction in her clients, should be producing record material of value to all social workers interested in dealing with detrimental social attitudes in a more subjective way. To the psychiatric social worker, closely associated with the medical experts in this field and able to concentrate all her energies on the problem of making subjective adjustments, belongs peculiarly the task of experimenting with and formulating case-work methods for dealing with the inner life of her clients. She has always been aware that this task presumably means a freer method than that of the regular social worker, but her evasions of the issue in record making and her dependence on the accepted form and content of records have compromised the development of her technique and delayed the formulation of any general principles of psychiatric procedure. If she assumes full responsibility for all her experimentation, fumbling as it may have been, she might have tentative answers to some of the moot questions of case-work ethics. For there can be no doubt that the psychiatric movement has interested the whole profession in the possibility of more personal, individualized treatment and has stimulated in many non-psychiatric workers the conviction that the future of case-work in general lies in its assimilation of the subjective point of view and the subjective method. Of what help to the future, however, is the psychiatric social worker who keeps her laboratory methods to herself? She may have her own ideas on such much debated questions as the use and abuse of the authority vested in her, but she makes no contribution if she has never indicated in her case records when she kept her hands off and why. If she decides to let a client choose between his will and her opinion, if she contrives to make him see his own responsibility for his choice and leaves him his self-respect even in making what seems to her the wrong choice, why should she omit to mention the discussion? Is she afraid that its unfortunate result may convict her of

poor "supervision"? Hasn't she failed to set down facts that deprive not only the psychiatrist, but the whole fledging profession of psychiatric social workers, of material they need for the evolution of a better, surer technique?

When the psychiatric case-worker gives us records of subjective treatment—the explanations, arguments, persuasions, and compulsions in which she deals, the fluctuations, lapses, and complete blocks in response that she encounters—we shall have the beginning of a literature from which we can formulate more general methods and standards, by which we can test the validity of our preconceived ideas, and from which we can salvage all the little subtleties and inspirations that make for a finer art. The psychiatric social worker will have to take courage and confess her ignorance, but after all it is an ignorance universally suspected, if not acknowledged, and it is only to be alleviated by complete exposure. Franker records will prove to the sceptical that the psychiatric point of view is not simply a talent for applying long labels to certain types of behavior, but rather a new vision for progress in case-work.

THE MENTALLY RETARDED CHILD IN THE PUBLIC SCHOOLS*

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FROM the point of view of education it is important to know the number of children in our schools who are feeble-minded. The term "feeble-minded" as used by the American Association for the Study of the Feeble-minded "includes all degrees of mental defect due to arrested or imperfect mental development as a result of which the person so affected is incapable of competing on equal terms with his normal fellows, or of managing himself or his affairs with ordinary prudence".¹

This definition is substantially that of Tredgold, who, basing his estimate on the report of the Royal Commission, arrives at the conclusion that in England about four persons per thousand of the general population are feeble-minded; and these are the figures that are usually quoted in estimating the number of feeble-minded in the United States. The number is usually stated at four or five hundred thousand for the country as a whole. In this connection it is interesting to note that as a result of the psychological tests given in the United States Army, the psychologists recommended about five men per thousand for discharge on the ground of inadequate intelligence.

But the surprising thing is that when we turn to the school, we discover that about 2 per cent of the school children or twenty per thousand are considered to be feeble-minded; that is, the percentage of feeble-minded is estimated to be four times as great in school children as in the general population.

While the death rate is doubtless higher among feeble-

* Read at the Forty-seventh Annual Meeting of the American Association for the Study of the Feeble-minded, Detroit, June, 1923.

¹ *Backward and Feeble-minded Children*, by E. B. Huey. Baltimore: Warwick and York, 1912. p. 6.

minded children than among normal children of the same age, it is not sufficiently higher to account for the remarkable difference of fifteen per thousand. Neither can it be accounted for on the grounds that feeble-minded children outgrow their mental retardation, since feeble-mindedness by definition precludes that possibility, and surely we have no reason for thinking that feeble-mindedness is increasing at such a rate as to account for this great difference.

Evidently the extent of feeble-mindedness in the adult population has been underestimated, or the extent of feeble-mindedness in the school population has been overestimated, or both.

Some light is thrown on this question by noting the early use of intelligence tests in this country. Goddard translated the Binet-Simon tests and tried them out on the inmates of the institution for the feeble-minded at Vineland. He found that some of the inmates who were unquestionably feeble-minded tested as high as 12 years, and had a mental retardation of only three or four years. But upon testing the children in the public schools of Vineland, he found 3 per cent who tested 12 or less and had a mental retardation of four years or more. From these facts he drew the conclusion that 3 per cent of the pupils in the public schools of Vineland were feeble-minded.

Psychological tests given to school children in other cities seemed to confirm Goddard's findings that at least 2 per cent of the school children were mentally retarded three years or more, and the assumption that they were feeble-minded seemed to find confirmation in the fact that they were not able to do the work of the regular grades. Special classes were recommended to make provision for their education, and thus the special class has come to be regarded as a place for feeble-minded children only.

That the percentage of feeble-mindedness seemed to be four times as great among children as among adults was accounted for by the fact that in the Binet tests we had an instrument by means of which we could measure the intelligence of children much more accurately than we could that of adults.

But it does not follow, because we find in an institution for the feeble-minded some children with a mental retardation of

only three or four years, that all public-school children who are retarded to that degree are feeble-minded, any more than it follows that since all men are bipeds, all bipeds are men.

Terman placed the average mental age of the adult population at 16. Since a mental age of 12 years is usually taken as the upper limit of feeble-mindedness, there is a difference of only four years between the intelligence of some of the feeble-minded and that of the average normal adult, as estimated by Terman. But since about 20 per cent of the adult population have a mental age of 12 or less, assuming that intelligence in its distribution conforms to the normal surface of frequency and that 16 is the average mental age of the adult population, it is evident that lack of intelligence is not the determining characteristic of the higher grades of feeble-mindedness.

In this connection, it should be borne in mind that the final criterion of feeble-mindedness is the social-economic, not the psychological, as the latter has value only as it correlates with the former. For surely no one would call a person feeble-minded who competes on equal terms with his normal fellows and manages himself and his affairs with ordinary prudence, no matter what his mental age might appear to be as measured by psychological tests. In other words, we are not justified in making the diagnosis of feeble-mindedness on the basis of mental age alone, for there does not seem to be much question but that emotional instability is just as important a factor, and in many cases a much more important one, than inferior intelligence. But in selecting school children for our special classes, inferior intelligence has been the determining factor. All feeble-minded children, it is true, have inferior intelligence, but not all children of inferior intelligence are feeble-minded. This means that the special classes in our public schools contain many children who are not feeble-minded, even though they have an intelligence quotient no higher than many of the feeble-minded. Enough placement and follow-up work has already been done with special-class children who have left school to establish this point beyond a reasonable doubt.

In my judgment it is highly desirable that we cease to

regard special classes as merely classes for feeble-minded children.

The prevailing view, crystallized by legislation in certain states, is to the effect that children retarded three years or more should be put into special classes. Unfortunately in many places the converse of this is thought to be true—namely, that unless a child is retarded three years, he should not be put into a special class. This is unfortunate, as we have every reason to believe that failure in the case of a subnormal child is just as deadening as it is in the case of the normal child. With initiative and interest largely destroyed by repeated failure, the subnormal child is turned over to the special-class teacher. Small wonder that she has failed to produce the results many have expected of her. During the last ten years there has been a shift in emphasis, from adolescence to the earlier period, as we have learned that adverse influences brought to bear on the child during the early years of life are lasting in their effect.

We are in no position to be positive in regard to the limitations of the mentally retarded child until, from the beginning of his school life and as much earlier as possible, we succeed in giving him a type of training that is as well suited to his needs as the regular course of study to the needs of the typical child.

In Detroit, all children entering the first grade of the public schools are given a group intelligence test and on the basis of this test they are tentatively classified for purposes of instruction into three groups known as X, Y, and Z. The 20 per cent that test highest are placed in Group X, the next 60 per cent in Group Y, and the lowest 20 per cent in Group Z. The teachers are instructed to shift pupils from one group to another just as soon as they find they are not properly classified. Pupils in the Z group who are not able to do the work of that group are given an individual psychological examination and placed in special classes, provided the psychological test confirms the judgment of the teacher. By this method the mentally retarded child is put into the special class before he has become discouraged through repeated failure.

But it may be suggested that in taking children from the first grade we are bound to make mistakes and get into our special classes some that do not belong there. True, that does happen. But even in that event no injustice is done the child, for while he is in the special class he is taught by a teacher who is equal in ability to the regular-grade teacher, and who in addition has been specially trained for teaching exceptional children and has only about half as many pupils to teach as the regular-grade teacher. Such a pupil is returned to the regular grade as soon as the special-class teacher discovers that he does not belong in her group.

Our aim in the education of the special-class child is to make him a law-abiding member of society and to enable him to become wholly or partially self-supporting through engaging in unskilled labor. The folly of attempting to make skilled laborers out of this type of individual, when 20 per cent of the normal population gainfully employed are engaged in unskilled labor, is self-evident.

While it may be true that the mentally retarded child is a potential sinner, it is equally true that he is also a potential saint, and whether he becomes a saint or a sinner will depend in large measure upon the type of training he receives in the home and in the school. And in his education the emphasis should be placed primarily upon the acquisition of right habits, and only secondarily upon the acquisition of knowledge.

The special classes in the public schools of Detroit, including more than 2 per cent of the pupils enrolled, are of two kinds: Special A for boys and girls under thirteen and one-half years of age and Special B for pupils from thirteen and one-half to sixteen years of age. In Special A, boys and girls are taught in the same class and these classes are located in the regular public schools. In Special B classes, the boys and girls are separated. The work in these classes is gradually being centralized in order that the departmental plan may be followed, and in order that a more varied course of study may be offered than is possible when one teacher is expected to teach all subjects. In the girls' center, in addition to physical education and the usual academic work, training is given in sewing, cooking, general household work, and cafeteria work. In the largest boys' center, training is pro-

vided not only in physical education and the usual academic subjects, but also in carpentry, auto mechanics, toymaking, drafting, household mechanics, and the use of the lathe. Provision is made for each boy, as far as his ability permits, to take work in each one of the subjects named. After he has covered the field, he is allowed to concentrate on the particular kind of work in which he is most interested. It may be suggested that after all we are attempting to make skilled mechanics out of these boys, but this is not the case. If this type of boy is to compete successfully with normal individuals in unskilled labor, he must receive a training that will prepare him for such competition. He must know something about machinery if he is to run an automatic machine in a manufacturing plant; he must know how to use tools if he is to become a carpenter's assistant; he must have some specific training if he is to be a plumber's helper; he must have some training in household mechanics if he is to be successful in the performance of odd jobs. By giving him this diversified training we make it possible for him to compete on equal terms in unskilled labor with the normal person who has not had such training. Furthermore, we make it possible for him to perform unskilled labor in several different fields instead of limiting him in a large measure to one field, as would be the case if we merely trained him to run a certain kind of automatic machine. The advantage of the more general training is seen when times become hard, for then the opportunities for the unskilled laborer are more restricted in some fields than in others.

Granting that the mentally retarded boy has been given such training that he has the strength and skill necessary to engage in unskilled labor, still he could not hold a job unless he went to work regularly day after day, unless he were there on time, unless he obeyed orders, unless he stuck to the job until it was finished, and unless he could get along well with his fellow workmen.

But these habits, which are fundamental to success in any vocation, are the very ones that are essential to success in school work. And yet how often our teachers fail to be much concerned if a pupil is irregular in attendance or comes late to school. If he has a good excuse, the teacher is satisfied,

failing to realize that the boy is slowly forming a habit which will be his undoing when he goes out to work. How often our teachers will repeat instructions simply because the child was not paying attention. How often they tell a child over and over to do a thing before he does it. In so doing, they do not recognize the fact that they are directly responsible for the formation of habits which, if persisted in, will keep that child from ever becoming a self-supporting member of society.

With the mentally retarded child, the habits he forms determine his future to a much greater extent than does the knowledge he acquires while in school. But on the other hand, this does not mean that the mentally retarded child is not to participate in the wisdom of the race to the limit of his ability; it simply means that his saturation point is more quickly reached in the field of understanding than in the domain of habit. Through the formation of right habits, he may do what is right and refrain from doing what is wrong without being able to give any reason why certain acts are right and certain other acts are wrong.

By continuing to select from the first grade those pupils who are failing in their work and stand lowest in intelligence, and by putting them into special classes where they are taught by experienced teachers who have had special training in the teaching and study of exceptional children, I believe that it will be possible for us to pick out 80 to 90 per cent of the children who, because of inferior intelligence combined with emotional instability accentuated by adverse home conditions, are likely to become a menace to society. And this can be done before the children have actually become violators of the law. In other words, we could select from our special classes the children who stand most in need of institutional treatment while yet young enough for the institution to do something with them. On the other hand, there does not seem to be much doubt but that many children sent to institutions for the feeble-minded and now paroled might have remained at home and been educated in the public schools provided they had been put into the special class from the beginning of their school life.

However, until we have secured much fuller information on the successes and failures of mentally retarded pupils who

have been educated in our special classes, and in the light of that information have modified our courses of study and methods of instruction so as to increase the successes and reduce the failures, we are in no position to state positively what the special class can or cannot do.

But it is evident that the problem of the mentally retarded child is of such magnitude and touches so many different agencies and institutions that its solution becomes a coöperative enterprise involving the courts, the schools, the state and private institutions for the feeble-minded, and all social and philanthropic organizations that are interested in the welfare of unfortunate children.

THE MENTAL HEALTH OF 581 OFFSPRING OF NON-PSYCHOTIC PARENTS*

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ROSAMOND CLARK

IN a recent issue of MENTAL HYGIENE the mental health of the offspring of a number of dementia-praecox parents¹ was discussed. The present paper gives the results of a control study of the offspring of non-psychotic parents. The material was gathered from the married patients who came to the Peter Bent Brigham Hospital Outdoor Medical Department. These patients were questioned by the special social worker, Miss Clark, with regard to their children. No selection was made of the families. The patients gave the information willingly. They seemed interested in talking about their children and, too, they appreciated highly what the hospital is doing for them and were glad to accede to any of its requests. They represent the laboring class who turn to dispensary aid in the emergency of illness, and are comparable economically and educationally with the persons who would go to a state hospital for advice about neuropsychiatric problems. Many of them are foreigners, Jews and Italians, though Irish and Americans predominate. No parent had been to a state hospital.

Data were collected on 581 children, the offspring of 145 matings, representing an average of 4 children per mating.

* As in our study of the mental health of 463 children of dementia-praecox stock, Miss Rosamond Clark had entire charge of the collection of the data in this paper. We wish to express our appreciation to Dr. Joseph B. Howland, Superintendent of the Peter Bent Brigham Hospital, who saw the value of a control study and arranged that the medical outdoor-department patients could be interviewed by Miss Clark. We thus secured comparable data for patients on the same economic levels as patients at the Monson and Boston Psychopathic Hospitals, and much time usually consumed in home visits was saved.

¹ See *The Mental Health of 463 Children from Dementia-Praecox Stock*, by Myrtelle M. Canavan, M.D., and Rosamond Clark. MENTAL HYGIENE, Vol. 7, pp. 137-48, January, 1923.

The following table gives comparative figures with regard to the progeny of epileptic,¹ dementia-praecox,² and non-psychotic parents:

TABLE I.—COMPARISON OF CHILDREN OF EPILEPTIC PARENTS, PARENTS WITH DEMENTIA PRAECOX, AND NON-PSYCHOTIC PARENTS

	<i>Epileptics</i>		<i>Dementia praecox</i>	<i>Non- psychotic</i>
	Echeverria	Thom	Canavan	Canavan
Number of matings.....	136	117	136	145
Number of children.....	531	431	463	581
Normal	105	238	295	355
Died	222	151	86	81
Epileptic	78	14	0	0
Insane	11	2	5	2†
Feeble-minded	18	14	4	10
Backward	*	*	12	12
Nervous	*	*	12	12
Physically diseased.....	*	*	17	101
Cases of conduct disorder.....	*	*	36	8

* These conditions were not discussed in the Thom-Walker study.

† One of these cases should properly be classed as pre-psychotic.

In Echeverria's study³ of the offspring of epileptics, the death rate was high—more than a third of the total number—while in the offspring of the non-psychotic parents less than a seventh succumbed, and the number of normal children is in inverse ratio to the deaths, while the total number of epileptics, insane, and feeble-minded drops noticeably among the progeny of the dementia-praecox and non-psychotic parents.

The backward and nervous are equal in numbers among the offspring of the dementia-praecox and the non-psychotic parents. The cases of conduct disorders are higher among the children of the psychotic—nearly five times as high—perhaps because of lack of home control, but there are more cases of physical disease among the offspring of non-psy-

¹ These data were taken from a study by Douglas A. Thom, M.D., and Gerna S. Walker, "Epilepsy in the Offspring of Epileptics", in the *American Journal of Psychiatry*, Vol. 1, pp. 613-27, April, 1922. See also "Marriage and Hereditariness of Epileptics", by M. G. Echeverria, *American Journal of Insanity*, Vol. 37, pp. 177-216, October, 1880.

² See note 1, p. 770.

³ *Marriage and Hereditariness of Epileptics*. See note 1 above.

chotic parents. The death rate, however, is lower—81 out of 581 as compared with 86 out of 463. Our findings with regard to the 81 dead children in the non-psychotic group are given in the two following tables:

TABLE II.—AGE AT DEATH OF CHILDREN OF NON-PSYCHOTIC PARENTS

Under 2 years.....	54
2-5 years.....	11
6-10 years.....	6
11-15 years.....	4
16-20 years.....	3
21 years or over.....	3
Total	81

TABLE III.—CAUSES OF DEATH OF CHILDREN OF NON-PSYCHOTIC PARENTS

Birth accidents.....	9
Other accidents	4
Starvation or malnutrition.....	6
Heart lesions.....	4
Infections	51
Unknown	7
Total	81

The following table gives the ages of the 500 living children in this group:

TABLE IV.—AGES OF LIVING CHILDREN OF NON-PSYCHOTIC PARENTS

Under 6 years.....	102
6-10 years.....	104
11-15 years.....	118
16-20 years.....	92
Over 20 years.....	84
Total	500

In our previous report,¹ we advanced the not novel idea that "any group of children would necessarily disclose frequent instances of the minor difficulties and disturbances of childhood, such as overgrowth of tonsils, adenoids, eye and ear defects, or sources of peripheral irritation". In the present group there were 101 cases of physical disorders. The most common difficulties were diseased tonsils and

¹ See note 1, p. 770.

adenoids, malnutrition, and asthma. The most exceptional finding was a case of alcoholic cirrhosis of the liver in an eleven-year-old boy; other spectacular findings were Hodgkin's disease, mitral lesions, and two cases of "gassing".

Among the children under six, many were not of school age, but of those over six no one was out of school—not even the alcoholic-cirrhosis patient—on account of his physical handicap; and of those physically diseased who had left school, every one was working except the two soldiers who were "gassed" in the war, a normal-school graduate who had not found a position, and one or two of the girls, who were married.

Ten children were feeble-minded, six more than were found among the offspring of the praecox parents. Especial interest centers around one who was sent from the Boston Psychopathic Hospital to the epileptic colony with a diagnosis of feeble-mindedness before convulsions began. The others, except one—the seventeen-year-old, who is working and earning \$9 a week—will eventually probably become institutional cases. The following table gives the outstanding facts with regard to the 10 feeble-minded children:

TABLE V.—SUMMARY OF FINDINGS ON THE 10 FEEBLEMINDED CHILDREN

<i>Age</i>	<i>Difficulty</i>	<i>School grade</i>
3 years	Does not talk Does not resist	None
8 years	Backward in reading Clings to mother	Repeating second
11 years	In first grade 3 years; I.Q. 50	Dismissed at 10 years, unable to learn
11 years	Has repeated four grades	Ungraded class
12 years	Speech defect	Special class
13 years	Has repeated four grades	Fourth
14 years	Has repeated three grades	Sixth
14 years	Cannot learn Has repeated three grades	Fourth
16 years	Convulsions Cannot read or write	None
17 years	Has repeated two grades Left school at 16 years	Special class

The backward children are almost more worrisome than the frankly feeble-minded; like a late spring, one can hardly tell what they will develop into, and those belonging to the same family may to some extent have emulated one another in the home. What will become of these backward ones is a problem, but no doubt minor, unskilled positions await them. Two are already employed. One, seventeen years old, is earning \$9 a week as an office boy; the other, twenty years old, is earning \$18 a week. Table VI gives the data on these cases:

TABLE VI.—SUMMARY OF FINDINGS ON THE 12 BACKWARD CHILDREN

<i>Age</i>	<i>Difficulty</i>	<i>School grade</i>
*6 years	Slow in school	Repeating first
7 years	Attention defect	Repeating first
9 years	Attention defect	Third
*11 years	Unascertained	Fourth
11 years	Unascertained	Fourth
12 years	Has repeated first grade; I.Q. 75	Fifth
*13 years	Has repeated 2 grades	Sixth
13 years	Has repeated 3 grades	Fifth
*15 years	Left seventh grade at 15; 2 years retarded	None
*17 years	Graduated from grammar school at 16	None
17 years	Three years retarded	First year high school
†20 years	Left school at 15 in sixth grade	None

* The 5 cases thus indicated are siblings.

† Was in the army.

The 12 "nervous" children do not show such an advanced state of nervousness as to interfere with school work. All of the five over twelve years old are employed, but the two who have received the diagnosis of psychoneurosis do not earn as much as the others, one of them, the seventeen-year-old, receiving \$10 a week, and the other \$14, while one of the others, the twenty-three-year-old, is earning \$18 a week and the other two \$30. Table VII summarizes the findings in these 12 cases:

TABLE VII.—SUMMARY OF FINDINGS ON THE 12 "NERVOUS" CHILDREN

<i>Age</i>	<i>Difficulty</i>	<i>School grade</i>
*4 years	Congenital syphilis	None
5 years	Impressibility poor	First
6 years	Whines and cries	Second
*7 years	Congenital syphilis	First
7 years	Excitable since auto accident	Second
10 years	Jerky movements	Fifth
12 years	Irritability (transient)	Eighth
17 years	Psychoneurotic	Left in second year high school
18 years	Stutters	Left in second year in college
20 years	Psychoneurotic	Graduated grammar school at 14
21 years	Suggestible	Left in third year high school at 15
23 years	Twitches in pregnancy	Left seventh grade at 15

* The two children thus indicated are siblings.

In the small list of conduct disorders, trespassing and truancy, expressing protest against constituted authority, show most clearly, perhaps due to the fact that most of these children are at the self-assertive age. The 3 over fourteen are employed. One, the seventeen-year-old, earns \$30 a week; the other two are in the U. S. Navy, earning \$30 a month.

TABLE VIII.—SUMMARY OF FINDINGS ON 8 CASES OF CONDUCT DISORDER

<i>Age</i>	<i>Difficulty</i>	<i>School grade</i>
9 years	Trespass	Fourth
13 years	Minor misbehavior	Seventh
13 years	Trespass	Eighth
14 years	Truant	Fifth
14 years	Trespass	Second year high school
17 years	Crime against property	Left seventh at 15
19 years	Truant	Left in sixth
22 years	Trespass; immoral	Left in seventh

We have considered it worth while to discuss at a little more length the two cases diagnosed psychotic.

Case 1.—This boy of twenty-three was reported in his Boston Psychopathic Hospital history (No. 17252) as being always near the foot of his class. He was two years older than the average child when he graduated from the grammar school.

He was variously employed after he left school—as messenger boy, clerk, laborer, bus boy, bell boy—but he was *never able to hold a position* more than a couple of months as he could not get on with his employers, so that he was idle a great deal of the time. He always appeared ill nourished.

He enlisted in the army before 1919, but after four months he was discharged against his own wishes because of some disability. In 1919 he again enlisted in the Army of Occupation, but found that he “could not stand it” as it was making him so nervous. His family, therefore, got him out after ten months, on the ground that he was the sole support of the family.

On his return to America, he complained of his throat and got nervous all of a sudden. Examined at the Boston Psychopathic Hospital, he was found to be suffering from depression, insomnia, and auditory hallucinations, and he had a pronounced aversion to females and a marked sense of physical inferiority. He was transferred to the Foxborough State Hospital, where a diagnosis of *dementia praecox, catatonic*, was made. He is still a resident there. The Foxborough diagnosis sheet, justly pointed out with pride to visitors to the hospital, is appended to show the kind of work done there, and to indicate the effect his type produced on the minds of the physicians.

DIAGNOSIS.—*Dementia praecox, hebephrenic type*, occurring in a white male twenty-three years of age, of American birth and Jewish parentage. Patient from early childhood is said to have been seclusive, of a shut-in type, and is said to have had a very marked feeling of physical inferiority, feeling that he was frail, delicate, and unable to do things which other children of his age did. As he grew up he felt unable to work steadily and was never able to hold a job for more than a few weeks or a month or two at a time, he apparently becoming discouraged and giving up, believing that he had failed in everything that he attempted. Tried to compensate by enlisting in the army twice in the hope that he might get “built up”.

Psychosis was of very gradual onset, is probably of three years plus duration, and has been characterized by marked carelessness in appearance, seclusiveness, uncommunicativeness, no clouding of consciousness, partial disorientation due to indifference, passive attention, profound emotional indifference, with lack of harmony between emotional reaction and delusions, expressed by no marked impairment of memory, by lack of spontaneity in flow of thought, and by great poverty of ideas, by auditory hallucinations, by changeable and unsystematized, absurd delusions of a somatic nature, and by lack of insight.

DIFFERENTIAL DIAGNOSIS.—From *dementia praecox, catatonic form*, partly by the age at onset, the gradual rather than a sudden onset, and by the lack of greater volitional changes, such as blocking, negativism or resistiveness or *ceren*.

From *manic-depressive, depressed phase*, by the duration of the psychosis; presence of persistent hallucinations and delusions; by the absence of motor retardation or thought retardation or emotional depression.

PHYSICAL FINDINGS.—Height 5 feet, 3½ inches. Weight 106 pounds. Patient is rather delicate in appearance, dark complexion, dark brown eyes, ears and nose negative. Extremities negative. Cardio-respiratory organs negative. Teeth are in good condition, excepting that left frontal and left lateral incisor of upper jaw missing. Abdomen negative.

Genital organs poorly developed, no scars. Neurological examination negative.

ETIOLOGY.—Heredity. Father is said to have been quick-tempered, to have forgotten things easily, and his condition is said to have been like patient's, although he was never in a hospital.

PROGNOSIS.—Unfavorable.

TREATMENT.—Hospital care with occupational and diversional therapy to help delay deteriorative processes.

Case 2.—This Jewish girl of fifteen years presented a problem to the school teachers of *seclusiveness*. She could not be induced to mingle with or have to do with the other children. The father describes her as a "nice, good girl", not at all quick-tempered. It appears that she began going to school when she was seven and made her grades regularly until she reached the sixth grade, when it was found that she was incapable of doing the prescribed work of the grade, although she was a year older than most of the pupils. After a suitable trial with failure, she was demoted into the fifth grade from the sixth and at first did not do very good work even in this grade, but her record improved and she was again promoted. The next year she made the seventh grade, but she stayed only three months in it, leaving school to go to work.

She has been working in a candy store as sales girl and appears to be giving satisfaction. If this symptom of *seclusiveness* is serious, it will probably be operative before she is much older.

The psychotic, the feeble-minded, and the backward children in this group are probably definitely on a level from which they will not rise, but the nervous children and those who have conduct disorders may develop into good citizens; one can never safely predict other than optimistically. The majority manage by one method or another to make at least moderate successes. From one point of view, a nation of moderate successes is superior to one of too perceptible differences, though historians might not find it so interesting.

SUMMARY

1. Data on 581 children, the offspring of 145 matings of non-psychotic parents, were collected from the Medical Outdoor Department of the Peter Bent Brigham Hospital, Boston.

2. The parents were comparable to the parents in the dementia-praecox study¹ in economic levels, nativity, and number of children per mating.

3. We have available data on 500 living children.

4. Of the 500 children, 145 deviate from the normal either

¹ See note 1, p. 770.

mentally, physically, or socially. The deviations were: 1 dementia-praecox patient, 1 pre-praecox, 10 feeble-minded children (one with convulsions), 12 backward, 12 nervous, 8 cases of conduct disorders, 101 physically diseased. One hundred children were under and 45 were over sixteen. Of the normal children, 224 were under sixteen, 131 over this age.

5. The majority of the 500 children of school age are in school or in gainful occupations.

6. The death rate of the non-psychotic offspring is lower than that of the dementia-praecox issue, and considerably lower than that of the epileptics.

7. The conduct disorders, though of the same types in the two groups, are 8 out of 500 for the non-psychotic offspring, 36 out of 381 for the offspring of dementia-praecox parents. The number of backward and nervous is the same (12 cases) among the non-psychotics as among the dementia-praecox cases, though the percentage is less in the former group. The greater number of physically diseased among the children of the non-psychotics is hard to explain. It may be, however, that these non-psychotic parents take their children to the doctor more often than the psychotic parents, or for less important things. The diseases do not seem to be communicable in nature, rather they appear to be dietary, such as malnutrition and mild chronic infections, diseased tonsils, and now and then cardiac residuals of probable previous infections, but non-incapacitating.

8. One undoubted case of dementia-praecox was found and is cared for as a committed case in a state hospital. One other is of praecox type, though she partly earns her living.

THE OUTLOOK FOR VOCATIONAL GUID- ANCE IN GREAT BRITAIN

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PRIOR to the war, vocational guidance was receiving some consideration in the educational system of Great Britain. As a scientific problem, however, it was one on which very little research had been done and which received practical application, as in America, only by means of a logical system.

The exigencies of the war placed a new emphasis upon personality, both in relation to industrial and to military efficiency. The viewpoint became that of vocational selection¹ instead of vocational guidance. The attempt was made to apply scientific methods to the problem, and psychology found itself needed with little to offer. In England, as in a larger way later in America, psychological research took on an appearance of usefulness which has carried many leading psychologists of both countries permanently into the applied field.

Under this stimulus of military and business needs, research in applied psychology has contributed to vocational guidance much that would not otherwise have been gained for years. Something better, though itself insufficient, is now available to replace the old systems of vocational guidance. The method of clinical psychology is becoming accepted among workers in England, as in America, along with an application of such information as vocational psychology, through research in character analysis and job analysis, has to offer.

Psychologists in Great Britain see in vocational guidance not only a field rich for research, but one that has the advantage of a strong popular appeal. At the Seventh International Congress of Psychology, held at Oxford this sum-

¹The term vocational selection is used in Great Britain as personnel selection is used in the United States. In this article the British term will be used.

mer, an entire symposium was given over to the discussion of principles of vocational guidance. The National Institute of Industrial Psychology¹ has lately organized a vocational section, for carrying on research in the fields of vocational selection and vocational guidance. This work is under the direction of Cyril Burt, who through his ready access, as psychologist to the London County Council, to the school system of London, has an exceptional laboratory for vocational-guidance experimentation. Although but lately organized, the vocational section has in progress the most significant work in England in the field of aptitude tests. One study, devising aptitude tests for shorthand and typewriting, has been completed, while others are in progress, among them one for dressmakers and one for engineers.

In addition an experimental attempt in the field of vocational guidance of the London elementary school children is in progress, making use of a diagnostic method based upon differential findings and using the general intelligence test plus aptitude tests in tentative form. This is the only attempt in Great Britain to make consistent use of the general intelligence test, or any testing method, in vocational guidance.²

The attitude of Cyril Burt toward the use of the general intelligence test in vocational guidance is shown in the following quotation:³

"Of all psychological capacities, general intelligence is the easiest to measure; it is also the most significant for the purposes of vocational guidance . . . By its very nature, general intelligence seems closely related to the power to learn—to the ability to adapt oneself quickly and efficiently to new tasks and situations. . . . In view, therefore, of

¹ Industrial psychology in Great Britain corresponds to applied psychology in the United States.

² The general intelligence test is accepted quite generally in Great Britain as one criterion, and the one most singly valuable in most cases for the selection of personnel. While few business firms have attempted the application of trade or aptitude tests, the general intelligence test is in use by a number of concerns. It is also in use in the schools for educational purposes, but not as widely as in America. In the researches of the Industrial Fatigue Research Board considerable reliance has been placed upon the general intelligence test while the results of the aptitude tests are regarded as extremely tentative.

³ From *The Principles of Vocational Guidance*, a paper presented by Cyril Burt at the Seventh International Congress of Psychology.

the present difficulty of measuring other mental qualities, I am inclined to suggest that for the time being the chief (though not the sole) provisional guide in making vocational recommendations should be the degree of the candidate's intelligence."

Outside of the work under the direction of the National Institute, of which Dr. C. S. Myers is chief, very little is being done in the vocational guidance of youth in London. This, as was said above, has only begun. Elementary education in Great Britain, which became compulsory for the years five to fourteen by act of 1918, is under the direction of "local authorities". These local authorities, under the Ministry of Education, may organize juvenile-employment committees for purposes of vocational guidance. These committees are an outgrowth and specialization of part of the work of the "after-care committees", which, in addition to their general supervision of the welfare of school children, formerly carried on also guidance and placement activities. In London no juvenile-employment committees have been organized by the local school authorities, partly at least because of a nation-wide placement program under the employment bureaus. These employment bureaus, under the Labor Ministry, have been authorized to organize juvenile advisory committees for the same purpose as the juvenile-employment committees, where these latter have for some reason failed to be organized.

As a result of the great demand for workers immediately following the war, there was considerable conflict between these two governmental agencies, both endeavoring to control the placement of youths leaving school—a conflict that called for special legislation, but that has now completely subsided due to present economic conditions, which have forced more than a million out of work and provided few openings for juveniles.

Briefly, the plan of juvenile vocational guidance for London requires that each child who leaves elementary school shall be described upon a "school-leaving form", which will constitute a confidential record of the child's characteristics as observed by the teacher. This information is indexed by the after-care committee and with the assistance of the

juvenile advisory committee of the employment bureaus, the child is placed. Under the direction of the after-care committee, his employment is supervised until he reaches the age of eighteen.

In view of the economic conditions at present existing in Great Britain, it is not at all possible that the placement phases of this system can be other than haphazard. It is on the placement side of the general system that the greatest difficulty in application usually lies. In England, in particular, where the division of labor is so rigid—where it is far less possible than in America to shift from one occupation to another—a system that fails on its placement side renders negative its work of vocational adjustment. On the psychological side, the criticism of specialists upon this system in London is appropriate: "At present the particulars given on the school-leaving form are filled in by the teachers during the child's last few days at school, often in a hurry, and usually in a vague and indefinite fashion. 'Conduct, good'; 'Intelligence, fair'; 'Will be a credit to any one who takes him'—these are common types of entry. As testimonials such statements may be helpful; as a scientific guide they are worthless."

Furthermore, the system of guidance under the direction of the juvenile-employment committees of the Ministry of Education, which have outside of London been organized more extensively than the juvenile advisory committees of the labor bureaus, can be criticized in the same manner. To quote one educator: "All the work is extremely superficial. There is no record of any testing done in the reports to the Ministry of Education."

The only difference in the functioning of the juvenile advisory committees and of the juvenile-employment committees lies in the fact that the former have the advantages due to affiliation with the labor bureaus, while the juvenile-employment committees, lacking these facilities, attempt placement in the community in a haphazard, personal manner. Wherever the juvenile advisory committees do the work of guidance in a community, there is a certain amount of coöperation between them and the after-care committee. In any case the interviewing and guidance is done at the end of the

term, as, contrary to American custom, the pupil is required by law to finish a term, even though he may be over fourteen.

These symptoms of vocational guidance appear only in the elementary schools. There is no vocational guidance in Great Britain in secondary schools, although lately there has been much public discussion of the need.

There is little America can learn from this program of vocational guidance, for America is clearly in the lead except from the point of view of coördination of effort. The British system of vocational guidance, reviewed by early American investigators, has suffered retardation rather than advancement. It appears that at least for a time some voluntary agency must control and stimulate vocational activities, and it is this that the National Institute of Industrial Psychology hopes to do. It is recognized that none of the existing governmental agencies has sufficient support to branch out and develop the vocational-guidance field in a scientific manner. The National Institute looks forward to establishing as early as possible branches of its vocational work throughout the different communities of Great Britain. At present, however, this is a hope rather than a plan. These branches would not only have available the research facilities of the National Institute and other coördinated bodies¹ working in the field of vocational selection, but would also be able to coördinate the work of existing agencies, such as the after-care committee, the employment bureau, the juvenile-employment committee, and so forth, offering in addition psychological diagnosis and vocational prescription of a nature not at present available.

It is through this centralization of effort under the direction of the National Institute that vocational guidance may gain much advancement in methods of research, but there is danger here as elsewhere in the combination of vocational selection and vocational guidance. Among the applied psychologists of Great Britain, as among some in America, there appears to be a certain confusion as to the relation of voca-

¹ Such as the Industrial Fatigue Research Board, whose publications have considerable bearing upon vocational guidance. Information concerning these publications can be secured from the secretary, D. M. Wilson, 15 York Building, Adelphi, London, W. C. 2.

tional or personnel selection and vocational guidance. By some the former is frequently spoken of as a method of employment psychology. Certainly the best method of personnel selection demands an interest in the welfare of the prospective employee, but that interest must inevitably remain secondary to, or at least coincide with, the interests of the employer. Others seem to consider that research in the field of vocational selection is research in vocational guidance. Most research in vocational selection has a value to vocational guidance, but some has very little bearing. The establishing of a test upon the sensitiveness of the fingers to touch or what not, for a particular operation, enables the personnel director to select a more or less efficient employee for a particular task, but offers very little toward an appraisal of the personality of an individual for the purpose of vocational guidance. The two lines of endeavor should meet eventually in a harmonization and understanding of the facts of personality, but for the present their methods of research must be different.

In practical application as well there is a difference between the two phases of vocational psychology. Vocational guidance rests upon an individual study of a personality in relation to his total possible environment, outlining with him a tentative vocational life plan. It is the direction to the best task for that total personality. On the other hand, vocational selection isolates the particular character traits necessary to a task, disregarding better possible combinations for the individual. The one is selfish from the standpoint of the employer, the other is selfish from the standpoint of the individual, and vocational guidance is moral only as business is moral.

HISTORIES OF 79 FEEBLEMINDED GIRLS UNDER SUPERVISION IN THE COMMUNITY

ELIZABETH GREENE

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THERE was a time, when the facts with regard to feeble-mindedness first became generally recognized, when the slogan for the treatment of feeble-minded persons was "commitment" and custodial care, at least during the child-bearing period. Such a policy, however, was never more than an ideal set up by enthusiastic eugenicists and has gradually been replaced by another: supervision in the community for all but the most difficult. There are several reasons for this. In the first place, institutions are crowded, and if they were not, there is much opposition to commitment in individual cases, family and judge alike seeming to feel that the social worker is trying to "put away" for life an innocent individual. Supervision, again, is more practicable from a financial standpoint. The feeble-minded in institutions are an expense to the state, while the feeble-minded in the community are often of considerable financial aid to their families. Moreover, as psychometric tests are more generally used, the proportion of common laborers and domestics who are "feeble-minded", as judged by intelligence tests, is startling. In fact, the results of the psychometric tests in the army have resulted in a new idea as to where the dividing line between normality and defect comes. This being so, custodial care for all defectives would be the height of folly, upsetting to no purpose our entire economic system.

For various reasons, therefore, supervision in the community is being attempted by parole workers from institutions, probation officers, visiting teachers, social workers, and nurses. The object of this oversight is obvious: the safeguarding of individuals with the minds of children—and the safeguarding of society from their irresponsible acts—and

the making of decisions for persons unable to make their own with ordinary prudence. The success of this supervision can be estimated only by careful bookkeeping, and as he who supervises mental defectives is by the very nature of his task engrossed with immediate and pressing problems, such studies are sadly lacking. Probably no agency has in hand just the case records and data that it would like to have for determining the success of supervision, while any estimate of accomplishment is beset by all the dangers that attend personal opinions. One's very definition of "success" determines whether it is, indeed, success or failure. Because, however, of the obvious need of determining to what extent and under what conditions the feeble-minded can lead supervised community lives, we offer the following material.

Of 977 girls who passed through the mental clinic of the New York Probation and Protective Association between May 1, 1920, and October 1, 1922, 200, or 20.5 per cent, were mentally defective. These 200 were a picked group, as practically all were known to some social or civic agency when referred, but they were by no means a delinquent group, as some came for employment and some for mental examination and advice because their condition was recognized. Supervision was undertaken for 91 of the group, as 31 were runaways from places outside New York to which they were returned, 21 were referred to our psychiatrist by other organizations for mental examinations, 22 were immediately disposed of by court action, and 35 were referred at once to other organizations particularly fitted to look out for their problems, such as hospitals, sectarian institutions, and so forth. What success these coöperating agencies may have had we do not know; our own we are about to discuss.

Even Walter Lippmann would probably admit that the best possibilities for development for certain individuals lie in commitment to a training school. After a full social history was obtained for each of our 91 girls, and a mental examination made, including a psychometric test, 29 were considered suitable cases for custodial care and 12 were actually sent to custodial institutions—6 to Newark State School, 1 to Letchworth Village, and 5 to the New York City Children's Hospitals and Schools on Randall's Island. Two girls who came

just for examination were also sent to custodial institutions, and 4 were sent by the courts, making a total of 18 committed out of 200 mental defectives.

In recommending commitment, certain factors must be taken into consideration, such as the degree of defect, the social history, and the home conditions.

In securing commitment, we must have the concurring opinions of parents, examiners, and the court. Although it is legally possible to secure commitment without the parents' consent, it is impracticable, in view of the crowded condition of the institutions, to work for the admission of individuals whose parents will at once demand their release. At present the mental clinic of the New York City Department of Public Welfare at Bellevue Hospital puts through the commitments of such Manhattan cases as are in their opinion suitable. Twice we have learned that the patient in question was "not feeble-minded", although one of these girls was admitted to Randall's Island for observation. Girls who are intellectually border-line cases, but whose behavior is outstandingly defective, are an especially difficult problem for disposition. The court, also, may not agree with our plans. One distressing disposition of a girl for whom we had expected commitment was made by the judge before whom she was appearing as witness against a man who had placed her in prostitution. Because she was pregnant, the man, who had already two motherless children, was ordered to marry her, which he did, thus giving a girl with the mental age of 7.8 the care of three little ones. The result was that her baby died, while Lucy herself developed tuberculosis in the miserable home she was able to maintain. On the whole, we are inclined to congratulate ourselves on the fact that for 12 girls, at least, we secured custodial care, and to regret that we had to attempt supervision for cases in which commitment seemed the logical outcome of inherited traits, bad habits, and poor homes.

Having secured commitment for 12 of our original 91 girls, we were left with 79 for supervision in the community, but as in 3 cases commitment was secured only after a period of supervision, we were really concerned with 82 individuals, for whom we tried to bring about a "successful" adaptation to life and its problems. To define a "successful" individual

from the social standpoint is not difficult—it is one who does not transgress the social *mores* and is not dependent except on parents or others legally responsible for support. To determine which individuals approximate this definition and which fail to do so is much more of a task, depending on the extent of our knowledge and the time selected for the reckoning. A girl whose behavior is satisfactory on one visit may have overstepped the proprieties on the next. The longer the period of supervision, the more reliable, of course, are the data, whether favorable or unfavorable.

Of our 82 girls under supervision, 4 were lost track of, so that their adjustment is an unknown quantity; 35 are considered to have done well in that they have not been delinquent and have worked with fair regularity; and 43 were failures in community life. Among the typical cases who did well was a girl who worked as a maid at Bellevue Hospital almost four months and then returned home, continuing to work, although occasionally loitering in the Grand Central Station. Another was placed as a domestic at a school for atypical children, where she was considered a problem and was rather dissatisfied. One girl, placed in a boarding home, stayed out one night, but subsequently married and had a satisfactory little home. A witness in a rape case went home and had a marriage arranged by her family, the witness fee serving as dowry.

Of the 43 who did less well, 11 were finally sent to institutions for delinquents, just as if they were responsible for their behavior, and 3 went to custodial institutions, although 2, unfortunately, came out again. When we consider the specific pitfalls into which they fell, the most outstanding are of a sexual nature. Of these 43 girls, 6 were prostitutes, 2 were promiscuous, 3 became pregnant out of wedlock, and 1 lived with a man whom she later married. A total of 14 were sexually delinquent; 2 more married and came shortly to the attention of social agencies; 11 ran away from home; 2 stole; 2 violated probation; 5 kept late hours, one returning as late as 5 A. M., and one coming home intoxicated; and 6 were generally irresponsible, dirty, and lazy. It seems rather unfair to classify the outcome as “unfavorable” because of traits generally attributed to all feeble-minded individuals, but, on

the other hand, it is individuals with these very traits from whom we are expecting social adaptation.

Our problem, as case-workers with feeble-minded persons, is to determine in which girls these characteristics are so well marked that social adjustment is improbable and which girls, with supervision, may become satisfactory members of the community. We have considered the following points as of possible causative value in the social adjustment of mental defectives:

Chronological age
Mental age
Heredity
Environment

Habits
Nervous stability
Personality traits
Disposition made.

To compare the two groups, small as they are, in relation to these points, has seemed to us a logical way to throw light on our problem.

The questions of chronological and mental age are at once disposed of, as the figures are practically identical for the two groups. The 43 failures have an average chronological age of 18.3 and an average mental age of 9.5, while the 35 successful have an average chronological age of 18.2, and the same average mental age—9.5.

No intensive study was made of the heredity of these girls, but routine questions bearing upon heredity were asked, while further investigation and contact with the family often brought to light additional points of interest. As a matter of fact, 25 of the cases of failure had family histories of mental disorder, alcoholism, or mental defect, while only 10 of the cases that made successful adaptations had such histories. This is a very interesting point for students of heredity and individual differences. We receive from our parents a mosaic of potentialities. Relatives who are insane, alcoholic, epileptic, and otherwise unstable indicate the various strands that go into the inherited make-up, causing one mentally defective individual to be different from another, more or less capable of adaptation. Again, we must consider these matters from the point of view of environment, recognizing that any individual living in a home made by alcoholic, insane, or defective parents, or with defective brothers and sisters for childhood companions, is obviously handicapped.

When we consider the early environment of these girls, 28 of the 43 failures, and 23 of the 35 successful came from poor homes; in other words, about two-thirds had never known the protection of a good home. These figures are too small for percentages, but the ratio in the two groups is practically the same. Five in each group had been in child-caring institutions.

The environment is important as the place where safeguards are set up and habits formed. When it comes to adjusting an individual in the community, the most important factors are his or her assets of good habits. Unfortunately, very few of our girls had any such assets. Their work records are almost always poor, due quite as often, I imagine, to lack of vocational training as to lack of high intelligence quotients, as industry has really many places for trained subnormals. Just 9 in each group had good work records.

When it comes to sex habits, it is very significant that more than half of the girls who turned out well had had no sex experience, while all but eight who continued to be problems were known to have had. Many of this group were joining the ranks of the unmarried mothers. Of our total of 91 girls, 6 were pregnant when brought to our attention, 1 for the second time, and 5 others already had children, although their median age was only 19.7. Of those who had had children, 2 had made forced marriages and 4 were unmarried. Adding to these 11, 9 girls who, while under supervision, became pregnant, we get a total of 20 in 91, or more than 1 in every 5, who conceived children. Exactly 5, or a quarter of these 20, were married when conception took place. So far as we know, only one abortion was performed. The defective and her family have not the foresight to interrupt these pregnancies, which, after all, are not so unwelcome as they would be to more intelligent people. Needless to say, the girl who has once had her sex instincts aroused and her reputation ruined by a child born out of wedlock has the hardest time in conforming to conventional standards and the least incentive to do so. Of the 11 girls who had had children, or who were pregnant when they came under care, 5 were sent to custodial institutions, 4 did badly, and 2 did well, under supervision.

Other bad habits are running away, stealing, and being

generally incorrigible. If we tabulate the problems that brought to our attention the 78 girls with whom we did case-work, we see clearly the outward signs of habits already formed and certain important differences between the group who are successful and those who were not:

<i>Problem</i>	<i>Successes</i>	<i>Failures</i>
Running away	7	14
Sex delinquency	6	12
Waywardness	4	7
Incorrigibility	4	3
Vagrancy . . . . .	..	1
Disorderly conduct . . . . .	..	1
Stealing	2	1
Home conditions	1	3
Employment	3	1
Mental condition	4	..
Physical condition	4	..

Sixteen cases came to us as non-delinquents, either seeking employment or advice because of their recognized limitations or living arrangements. Four of these later became delinquent. Very few of the sex offenders managed to adjust themselves under supervision. Of the 7 charged in court with incorrigibility, 4 were not further problems. These numbers are pretty inadequate, but they do give a certain picture of the girls with whom we are working.

Another handicap in adaptation is nervous instability, which is indicated by the so-called neurotic traits—excitability, temper tantrums, nail biting, enuresis. Of the 78 girls, 56, or almost three-quarters, showed one or more neurotic traits, but this characteristic was slightly more marked in those who did well than in those who failed (26 in 35 against 30 in 43), and does not, therefore, strangely enough, seem to be a pivotal factor.

The shortcomings of the feeble-minded are often attributed to mere "feeble-mindedness" rather than to individual personality traits. We do not mean by this just a low intelligence quotient, but certain characteristics frequently shown by defectives. As a matter of fact, if we consider the habits of these girls in regard to work and sex, their social standards—such as honesty, their instincts—such as sex drive, fear, and temper, and their emotions, we find that their indi-

vidual psychiatric histories read much alike. They are described as "colorless", "little initiative", "worried and vaguely apprehensive", "dull, slow, and unattractive", "absolutely at the mercy of their environment", "timid and quiet", "friendly and talkative"; almost all, in fact, are of the inadequate type. If we divide our 78 into three large groups—the hyperkinetic, the hypokinetic, and the normal—in respect to energy and emotional equipment, we find only 6 with push and energy, 7 fairly normal, and 65 inadequate. Thirty-five reported temper; 19 were timid; only 13 reported sex drive, but most were the victims of their seducers, easily led into improper conduct. This danger of being victimized by a person of more positive convictions or desires is a fundamental matter in the community life of all defectives.

We have referred to the early environment of these girls as an important factor in their past. The disposition made while under care is equally important, as the setting for continued good behavior or for recurring difficulties. In each case we tried to secure the setting best suited to the individual in view of her particular problem. In many cases frequent disposition had to be made, but when last visited or heard from, the 78 were living as shown in the table below:

<i>Setting</i>	<i>Successes</i>	<i>Failures</i>
With parents	25	16
With relatives	4	..
With husband	4	5
Resident position	1	..
Furnished room	1	2
Boarding home . . . . .	..	1
Disciplinary institution . . . . .	..	11
Custodial institution . . . . .	..	1
Missing from home . . . . .	..	5
Hospitals . . . . .	..	2

The above settings may be conveniently divided into three groups, the first four indicating situations that are likely to lead to satisfactory behavior; the next two a problematical setting; the last four a disposition in itself an indication of failure in social adjustment. The 2 girls in hospitals were there for venereal disease and confinement in an illegitimate pregnancy, respectively. Those "missing from home" are to be distinguished from the 4 "lost track of" who were origi-

nally eliminated, as we have positive information about them, while the latter were unascertained. It is to be noted that the girls living with parents and relatives had a larger number of successes than failures. This is not due, however, to the kind of home in which they lived, as 16 of the 25 homes in which they were doing well were classified as "unfavorable" as compared with 7 of the 16 homes in which they were doing badly. We have usually considered work in institutions as supplying the sort of protected environment that these girls need. In this small group, 7 girls were so placed, but only 1 remained and did well. Untrained mental defectives do not make sufficiently good domestics to arouse the interest of their employers and the supervision of their leisure is at best haphazard. Their homes, bad as they may be, are the only places where responsibility is felt for them and their inefficiency tolerated.

To sum up, we might say that in adjusting a person in the community there are three factors to be taken into consideration—intelligence, habits, and setting. In the case of defectives, the intelligence is always low, but the habits and setting may be either good or bad. This makes four possible combinations, taking the varying factors two at a time: we may have poor intelligence, bad habits, and a bad home, which is an impossible combination for social adjustment; poor intelligence, good habits, and a good home, which is a promising combination; poor intelligence, good habits, but a poor home, which is a dangerous combination; or poor intelligence, bad habits, and a good home, which is a problematical combination. The difficulty with most of our cases unfortunately is that a poor home has to be presupposed as well as inferior intelligence, and the relation between a poor home and poor habits is not a chance one.

The causes of the failure of these girls under supervision seem fairly clear, then. They are defective in intelligence, easily led, incapable of responsibility, and childlike. If, added to this congenital handicap, bad habits have been formed in the course of a casual upbringing, the chances of constructive social work at the present time are poor. The feeble-minded offspring of successful, intelligent citizens—and such citizens sometimes do have feeble-minded offspring—

can be supervised by their own parents with good success, but the feeble-minded adolescents who are known to social agencies—the dependent, the delinquent, and the pre-delinquent—cannot be supervised with any degree of success in the homes from which they spring and among the kind of people with whom they associate. The fallacy in the program of supervision for the defective in the community is that its advocates have considered the feeble-minded as a class largely as they are seen in successful adaptation to institutional life fitted to their limitations, and have disregarded the setting of poverty, degeneracy, and parental neglect and indifference in which they are actually found by the social worker and in which supervision must be undertaken. The only solution for defective adolescents with such a background is the colony system, where proper safeguards can be consistently furnished, together with suitable recreation and good physical care. As these colonies become self-supporting, a part of each girl's earnings may be sent to the parents, who are thus not deprived of one of their most appreciated prerogatives. For outside agencies and workers to try to supervise these girls is an expenditure of energy that might better be spent on more normal material.

The problem of such young defective children as can be discovered by the much criticized "intelligence tests" is not so hopeless of solution in homes where coöperation can be secured. Their oversight should, of course, begin in the early grades of the public school. Through friendly contact with the family, the weaknesses and dangers of the individual child can be pointed out; they can be given the type of manual training for which they are fitted, and at the proper time be placed in such positions in industry as they can fill adequately. There are many such positions. Having been watched over and safeguarded from an early age, they will not have formed bad habits, and they will not pass into the discouraging group of the delinquent defective. Intelligent "prevention" will obviate the necessity of well-meaning, but rather fruitless attempts at "cure" of bad social habits.

One of the big obstacles for defective individuals from the standpoint of mental hygiene is the stigma attached to the terms "feeble-minded", "mental defective", and so forth.

It is even customary to label persons with low intelligence quotients and good social behavior as "not defective" instead of calling them what they really are—"individuals with inferior intelligence, but good social habits". As soon as we turn our attention from adolescent and adult defectives, whose habits are already set in antisocial lines, to younger ones who are still plastic, the situation will take on a pleasanter aspect. Supervision will no longer be a weary task threatened at the outset with failure, but a splendid opportunity to help intellectually handicapped children realize their best possibilities, so that the next generation of defectives need have no stigma attached to them. Many of our girls erred because they were "easy led", or because "he changed my mind". Had they been protected from an early age, their delinquencies might not have occurred.

THE YEAR'S PROGRESS IN NEW YORK STATE IN THE CARE OF MENTAL DEFECTIVES*

SANGER BROWN, II, M.D.

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WHEN partial state care for mental defectives began seventy-two years ago, the first institutions were in the upper part of the state, far from the densely populated district of New York City. The result is that we have three institutions—one at Rome, one at Syracuse, and one at Newark—in the upper part of the state, over two hundred and fifty miles distant from New York City. There is but one institution—Letchworth Village, accommodating 1,600 patients and but partly completed—to serve the metropolitan district.

Moreover, these early institutions were special institutions. That at Rome was exclusively for male cases of a chronic type; that at Newark was for females, mainly for those of the child-bearing period; that at Syracuse was for children of both sexes, but of school age.

Time and experience have shown that these special institutions are not very satisfactory. We believe that each institution for mental defectives should care for both males and females, and that there should be no special institutions except for confirmed defective delinquents.

Added to these handicaps—the inconvenient location of the institutions in respect to the population of the state, and the special types of the older institutions—prior to 1918 no definite agency existed for the supervision and direction of these institutions or for the development of a state policy. The state board of charities made recommendations and inspections, but this board has supervision of many other institutions and numerous other duties.

Previous to the present year, of which I wish to speak

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specifically, many of the disadvantages above mentioned had been rectified. The State Commission for Mental Defectives was created by the legislature in 1918. The Mental Deficiency Law, drafted by the first chairman of the commission, Dr. Walter B. James, brought order out of chaos in regard to commitment, transfer, and discharge of inmates in these institutions and, more important still, placed responsibility for the care of the mental defectives of the state in the hands of one state body.

The special institutions have been partly modified, especially the Rome State School, which now takes all types of cases. The institution at Newark still labors under the disadvantage of receiving only females, but receives those of all ages. The institution at Syracuse is still for children of school age.

The present aim of the commission is to obtain beds for at least 10,000 inmates, the present capacity of the state institutions, with overcrowding, being 6,385. It is believed that there are at least 50,000 mental defectives in New York State who require some sort of supervision, but many of these can be cared for in the community by supervising social agencies.

New Construction

To come to the specific topic of this discussion, progress made during the year, the 1923 legislature appropriated \$881,000 for new construction in the state schools for mental defectives. The bulk of this was towards the completion of Letchworth Village, but appropriations were made for new construction at Rome, Newark, and Napanoch, and for fire protection at Syracuse.

While this is in reality a modest total in consideration of the needs, it is a more liberal appropriation than that of former years.

Extension of the Colony System

Up to the present, New York State seems more fully committed to the colony system than other states, a situation due to the development of colonies at the Rome State School. This question has been carefully studied, and we believe the colony system to be a valuable method of training for both males and females.

During the year new colonies have been started at three institutions—one at Newark, one at Syracuse, and one at Napanoch. The legislature appropriated funds for the maintenance of these colonies—that is, for rental and for personnel. If the colony system proves to be as valuable as is hoped, a significant start has been made at these three institutions toward colony development.

Increased Pay for Special-class Teachers

It is generally agreed that a most important part of any program for the care of mental defectives consists of proper training in the public schools. New York State needs more special classes and special-class teachers. The Lockwood Bill, passed in 1917, reads as follows:

ARTICLE XX—B—Chap. 553. Laws of 1917

Section 578. Children with retarded mental development.

1. The board of education of each city and of each union free-school district, and the board of trustees of each school district shall, within one year from the time this Act becomes effective, ascertain, under regulations prescribed by the commissioner of education and approved by the regents of the university, the number of children in attendance upon the public schools under its supervision who are three years or more retarded in mental development.

2. The board of education of each city and of each union free-school district in which there are ten or more children three years or more retarded in mental development shall establish such special classes of not more than fifteen as may be necessary to provide instruction adapted to the mental attainments of such children.

3. The board of education of each city and of each union free-school district, and the board of trustees of each school district which contains less than ten such children may contract with the board of education of another city or school district for the education of such children in special classes organized in the schools of the city or district with which such contract is made.

This is a valuable law, but these provisions have not been carried out in many communities because of the expense involved in the salaries of special-class teachers. This expense is partly met by the state, in a bill to amend the education law, passed this year, which reads as follows:

Section 579-a. Apportionment for support of special classes.

If the board of education of a city or union free-school district establishes one or more special classes for the instruction of children who are three years or more retarded in mental development, as provided in this article, and shall employ one or more teachers for the instruction thereof, the commissioner of education shall apportion to such city or district, in the same manner as teachers' quotas are apportioned thereto, an amount equal to one-half the

salary paid to each of such teachers, but not to exceed one thousand dollars for each teacher so employed. No such apportionment shall be made on account of a teacher so employed unless there shall have been issued to such teacher by the commissioner of education a certificate authorizing such teacher to teach such special classes or unless such teacher shall possess the qualifications prescribed by the commissioner of education.

It is hoped that this financial aid by the state will result in the increase of special classes, particularly in country districts.

Adequate Salaries for Field Workers

The commission has, as part of its organization, five field agents who do clinic work throughout the state and direct the supervision of mental defectives in the community. Twenty regular clinics are now conducted by the commission. The field agents, who do social work and mental testing, have rendered excellent service during the past three years, but with one exception they have all found employment elsewhere because of the unsatisfactory salaries paid by New York State. This year the legislature substantially increased the salaries of these workers, and a much stronger organization now exists. This means much in the direction of community supervision of mental defectives. These workers not only carry on supervision themselves, but, more important, they teach other workers in this field throughout the state methods and means of carrying on the work.

Eventually a mental-hygiene program in this field, comparable to the health program for children now in operation through the state board of health, may be evolved.

Development of Institution for Defective Delinquents

The Institution for Defective Delinquents at Napanoch is a new institution of its kind in New York State and in fact in this country. It is mainly of prison construction, with a cell-block system, but there is also some dormitory space. It was thought at one time that the other state schools would send a large number of cases to Napanoch. This has not been the case, however, chiefly because of the type of inmate that has been admitted to Napanoch. The population for the most part has come from prisons, penitentiaries, and the courts. The more seriously delinquent types of mental

defectives are found here, although a fair proportion of them are boys who are not inherently delinquent, but are led on by more intelligent and unscrupulous men.

There are now 402 cases at Napanoch. Parole is carried on at this institution as elsewhere. It is hoped that the colony above mentioned will be of great value here.

The above, then, are some of the gains of the past year: new construction; provision for colonies in three institutions; state assistance in the special classes; assistance for more extended field work; and development of state care of defective delinquents at the institution at Napanoch. While these gains by no means solve all of our problems, very material progress has been made in this welfare work during the current year.

Need of Scientific Research in the State Schools

A very important need in New York State remains to be considered, a need that cannot be met entirely by legislative action. It can be said to the credit of every superintendent of the New York State schools for mental defectives that the institutions are well administered and the patients well cared for and well fed, and this despite many difficulties in the way of inadequate personnel; but the fact remains that the scientific work of these institutions has not reached the desired standards. None are more keenly aware of this fact than the superintendents themselves. No field of medicine is laden with more interesting scientific problems, medical, psychological, educational, and social, than the problem of mental defect. It is to be hoped that in the future we can get the scientific enthusiasm, the personnel, and the organization to carry on this work in New York State. It is already beginning in one or two of our institutions. Our medical staffs should be the leaders in this field of the mental hygiene of children, the most important field in psychiatry to-day.

From the standpoint of scientific medicine, there is still much to be learned about mental deficiency. Disorders of development of the nervous system during intra-uterine life doubtless have much to do with mental defect. Dr. L. C. Stockard, of Cornell University, has shown by animal experimentation that disturbances of nutrition and toxic agencies

in pregnant animals result in defective development of the nervous system of the embryos. This study has an important bearing upon mental deficiency in human beings.

The anomalies of the brain cortex of mental defectives are as yet not well understood. The occurrence of brain injuries in infancy and of infectious diseases during early childhood as factors in feeble-mindedness will require much study. Bio-chemical studies in relation to the glands of internal secretion and the bearing of diseases of these glands upon mental defect should be carried much further than they have yet been. Even with our present knowledge, glandular therapy brings about striking results in certain cases.

There is very much to learn about mental deficiency from the psychiatric and psychological point of view. We are gradually discovering what work is best for children at certain mental ages in their development, although continued study is necessary in this direction. The use of standard intelligence tests as applied to the foreign born is not entirely satisfactory, and here, too, further investigation is necessary.

Personality disorders and psychopathic conditions found in mental defectives should receive investigation in psychiatric directions. These studies will eventually throw much light on the various forms of instability in children. Many such conditions which we have heretofore regarded as hereditary are now being explained on the basis of environment. There is a new field of psychiatric research in the study of the disorders of conduct and personality of defective delinquents and their social reëducation under supervision. Such studies will contribute widely to the subjects of criminology and delinquency.

Progress in Special Training of Defectives

The special training given mental defectives in the ungraded classes in the public schools had its beginnings for the most part in the state schools for mental defectives. Séguin, a prominent French physician, who had established a school for the feeble-minded in Paris, arrived in this country in 1848, very enthusiastic about his work, and later joined the staff of the Syracuse State Institution for Mental Defectives. As a result of his enthusiasm, methods of teaching were

introduced there that have been since amplified and that have contributed very much to the training of mentally defective children in this country. The enthusiasm of some of the early teachers was not warranted, as shown by subsequent facts, but the underlying principles that they introduced were of the greatest significance.

From 40 to 60 per cent of the children in our state schools for mental defectives (depending upon the type of institution) are capable of receiving varying degrees of training. These institutions should be schools indeed, as their name indicates, with an adequate corps of teachers. There should be school buildings in which the various forms of teaching can be carried out. The most important part of the training, of course, is manual education—training by which the mind is developed through the use of the body. This is begun in the very young by what is known as sense training. The teaching at a later age is more complex and at the same time more practical, including eventually training in machine shops, electrical work, carpentry, farming, and gardening. The girls, after elementary instruction, are given training in sewing, cooking, laundry work, and all forms of domestic instruction.

With such a training, the child is fitted to make his way in life, independently in a few instances and under supervision in many.

Quite as important, the children in the state schools for mental defectives are given what is called social training. Most of them come from unsatisfactory homes, and they do not know how to live in the community and keep out of difficulty. At the state schools they are taught to conduct themselves properly, and to be neat, orderly, and obedient. After training in these various directions, the child is ready to live with a family, selected by a social worker, in the community, and to work as he has been taught.

This training, of course, is not carried out under ideal conditions in all of the state schools. We lack as yet an adequate medical staff, a sufficient number of teachers, adequate school-rooms, and social workers. However, progress is being made each year in every institution.

The above program may appear to require considerable

expenditure. This is true. The initial expense, however, is in reality an economy in the end. It is relatively more expensive to retain these children as custodial cases, untrained, since through training they become in part self-supporting, while without it they are totally dependent upon the state. If institutional care is not provided, sooner or later they become delinquent and dependent, and are cared for eventually in a most costly way, as shown by court records and by the statistics of correctional, charitable, and penal institutions.

SOCIAL SERVICE IN RELATION TO THOSE PATIENTS IN THE BOSTON STATE HOSPITAL NOT OVER TWENTY-FIVE YEARS OF AGE AT FIRST ADMISSION*

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EARLY recognition and prompt treatment of mental disease is gradually being proven both possible and feasible. Clinics of various kinds are filtering out an increasing number of mild mental cases that can be treated successfully without removal from the community. The precipitate, however, still includes many patients not over twenty-five years of age who are suffering from their first attack of mental disorder. From the point of view of the patient, his chances of recovery and of readjustment will probably never be better than in this first attack; from the point of view of society, lack of proper treatment at this time may result in the expense of institutional care for the next half century. With these possibilities in mind, the following analysis has been made of those patients in the Boston State Hospital on November 30, 1922, who were not over twenty-five years of age at their first admission, in an attempt to study the relation of social work to this youthful group of the hospital population.

The age and sex of the patients in relation to the diagnostic groups in which they have been classified is shown in Table I (page 805). Let us first consider the distribution according to diagnosis and sex. Of the 385 cases studied, 263, or 68 per cent, have dementia praecox. One hundred and forty-nine are males and 114 females. That is, in this dementia-praecox group there are 131 males for each 100 females. The number of males per 100 females in the general population of this country on January 1, 1920, was 104.

* Submitted and accepted in partial fulfillment of the requirements for the diploma in the Smith College Training School for Social Work, August 30, 1923.

TABLE I.—AGE AT FIRST ADMISSION OF PATIENTS BY PSYCHOSES

	Total			6-10 years			11-15 years			16-20 years			21-25 years		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Psychoses															
Dementia praecox.....	149	114	263	...	...	...	3	1	4	46	37	83	100	76	176
Manic-depressive	14	28	42	...	...	...	...	2	2	6	6	12	8	20	28
With mental deficiency...	30	12	42	...	...	...	3	1	4	14	3	17	13	8	21
With psychopathic person- ality	3	5	8	...	...	...	...	...	...	1	1	2	2	4	6
With epilepsy.....	6	...	6	...	...	...	1	...	1	2	...	2	3	...	3
With somatic disease....	1	3	4	...	1	1	...	1	1	1	...	1	...	1	1
Paranoid	2	...	2	...	...	...	...	...	...	...	...	...	2	...	2
Traumatic	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Alcoholic	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Undiagnosed	2	1	3	...	...	...	1	...	1	...	...	...	1	1	2
Without psychosis															
With mental deficiency...	3	9	12	...	...	...	...	...	...	1	4	5	2	5	7
With psychopathic person- ality .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Total	212	173	385	...	...	...	...	8	6	14	71	51	122	133	248

Edith M. Furbush, statistician of The National Committee for Mental Hygiene, has found that of 5,676 new cases of dementia praecox admitted to 72 state hospitals in 1920, there were 124 males per 100 females. She found, however, that 56 per cent of the male cases, but only 38 per cent of the female cases, were under thirty years of age at their first admission.¹ This difference raises a question as to the relative age of onset in the two sexes and suggests the possible explanation that the more pressing economic demands made upon the man may hasten the recognition of his inadequacy and so cause an earlier hospital admission. Whatever the explanation, this excess of male cases in the lower age groups doubtless accounts for the slightly larger proportion of males classified under dementia praecox in this study. Also, as the group studied represents a cross section of the hospital population rather than a group of patients admitted during any one year, the relative frequency of prolonged hospital care for the two sexes, as well as a comparison of their longevity, merits consideration.

Forty-two, or 11 per cent, of the total number of cases studied are classified in the manic-depressive group, and it so happens that the same number were diagnosed psychosis with mental deficiency. In the manic-depressive group there are exactly twice as many females as males. Rosanoff² and other psychiatrists have noted that in women a manic-depressive psychosis quite frequently appears with the first pregnancy. In 5 out of the 28 female cases included in this group the first hospital admission occurred directly after childbirth. In two of these cases the child was born out of wedlock.

There are two and one-half times as many males as females included in this study with the diagnosis of psychosis with mental deficiency. It will be noted that there are also 9 females and 3 males who were diagnosed mental deficiency without psychosis. Theoretically, these latter patients do not belong in a hospital for mental diseases; practically, a transfer to an institution for the care of the feeble-minded

¹ *The Social Significance of Dementia Praecox*, by Edith M. Furbush. MENTAL HYGIENE, Vol. 8, pp. 288-99, April, 1922.

² *Manual of Psychiatry*, by Aaron J. Rosanoff, M.D. New York: John Wiley and Sons, 1920. p. 285.

cannot always be effected, owing either to lack of vacancies in such institutions or to the fact that although the patient is not psychotic, the manifestations of his deficiency that brought him to a state hospital in the first place are such as to interfere seriously with his adjustments in a school for the feeble-minded.

The distribution by age, as shown in Table I, is largely self-explanatory. Of the 385 patients studied, only 35, or 9 per cent, were married, all but four of whom were over twenty years of age at their first hospital admission. Twenty-five, or 22 per cent, of the women over twenty years of age are married, as compared with only 6, or 5 per cent, of the men in the corresponding age group. Nine, or 45 per cent, of the women over twenty years of age in the manic-depressive group are married as compared with one, or 12½ per cent, of the men in this group. Of the dementia-praecox patients, 11, or 14 per cent, of the women over twenty years of age are married as compared with 4, or 4 per cent, of the men.

An attempt was made to tabulate the outstanding social facts in the sex history of the patients studied, but owing to insufficient and in many cases incomparable data, the results were quite unsatisfactory, so much so that they cannot be summarized to advantage or evaluated. Of the female patients, it is known that seven have illegitimate children. Others have such histories as that of becoming pregnant by a married man who then financed an abortion, or of more extended sexual irregularities, sometimes accompanied by excessive worry and brooding. Many of the male patients have histories of worry in regard to masturbation or nocturnal emissions, as illustrated by the following statements found in the medical records:

James D. states, "I have had the misfortune of self-abuse for one year, and could get no work on account of it. I was timid and ashamed."

Benton P. gives a history of masturbation since eleven years of age, accompanied by excessive work. He states that he goes to shows to see nude women and masturbates while there.

Edward B. tried to commit suicide; states that he was greatly worried about masturbation; thought that it showed in his eyes and that this was the reason people stared at him.

Alfred W. "believes he has ruined himself thinking of sexual subjects which caused nocturnal emissions which depleted him physically".

The medical records of over one-half of the 385 patients studied reveal definite sexual difficulties, many of which were in the nature of fears, fantasies, and other reactions closely connected with their mental disease. This material is significant in that it illustrates how necessary it is for the psychiatric social worker to understand something of the relation of sexual factors to social maladjustment, that she may train herself to be alert in discovering, keen in observing, and skilful in handling whatever complications involving sex enter into the situations with which she must cope.

In Table II (page 809), the patients are classified according to the date of their first admission to the Boston State Hospital and their race. It will be noted that the general distribution corresponds roughly to that of the changes in immigration between 1865 and 1922.

The variety of racial groups represented shows that if the social worker is to deal intelligently with this group, she will need a wide knowledge of the racial background of each patient as affecting both his problems of adjustment to American customs and his relation to his parents, who in many cases cling tenaciously to their Old-World habits of thought and action and expect their children to measure up to the same standards. Psychiatric social workers have it in their power to make a distinct contribution toward the solution of the problems involved in adjusting the immigrant to New-World conditions. In so far as they have acquired the ability to observe mental phenomena intelligently and accurately, and to understand the mechanisms involved, they are in a strategic position to bring about a mutual understanding between the immigrant and his American associates. Without a definite knowledge of the traditions and characteristics that belong to the immigrant by virtue of his race and early environment, the psychiatric social worker will be in danger of interpreting habits of thought that are unfamiliar to her in terms of mental abnormality, thus vitiating her opportunity either to help in adjusting the individual or to contribute to an understanding of the immigration problem as a whole.

The length of the patients' hospital residence is also roughly indicated in Table II, although allowances are not

made for occasional periods of trial outside the hospital. The one patient still in the hospital of those admitted in 1866 has never been on visit. His diagnosis is dementia praecox. On the other hand, the patient admitted in 1875, a manic-depressive, has been out of the hospital on seven trial visits of varying lengths. Edith M. Furbush, in the article already

TABLE II.—DATES OF FIRST ADMISSION OF PATIENTS BY RACES

Date of first admission	Total	African	Chinese	English	French	German	Irish	Italian	Jewish	Lithuanian	Portuguese	Scotch	Slavonic	Swedish	Syrian	Mixed	Unknown
1865-66	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
1875-76	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
1879-80	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
1887-88	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
1889-90	5	..	..	1	..	1	3	..	..	..	..	..	..	..	..	..	..
1891-92	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
1893-94	2	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..
1895-96	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
1897-98	7	..	..	3	..	..	3	..	..	..	..	..	..	..	..	..	1
1899-1900	9	..	..	2	..	..	5	..	..	..	1	..	..	..	..	..	1
1901-02	9	..	..	2	..	1	6	..	..	..	..	..	..	..	..	..	..
1903-04	11	..	..	3	..	..	7	..	..	..	..	..	..	..	..	1	..
1905-06	9	..	..	1	..	..	4	..	1	..	..	1	..	..	..	1	1
1907-08	10	..	..	1	..	..	5	..	4	..	..	..	..	..	..	..	..
1909-10	28	..	..	4	..	2	13	3	4	..	..	..	..	..	..	2	..
1911-12	29	..	..	5	..	1	15	1	7	..	..	..	..	..	..	..	..
1913-14	24	..	..	4	..	..	11	3	3	..	..	..	..	2	..	1	..
1915-16	41	2	..	7	..	1	13	6	9	..	..	..	1	..	..	2	..
1917-18	45	1	..	11	..	2	21	..	6	..	..	1	..	1	..	2	..
1919-20	54	1	..	10	2	..	19	4	9	1	..	..	3	1	..	4	..
1921-22	96	2	1	23	..	1	31	7	18	..	..	1	1	4	2	5	..
Total	385	6	1	80	2	9	160	24	61	1	1	3	5	8	2	18	4

quoted, states that of each 100 deaths of patients with dementia praecox in 74 state hospitals throughout the country during 1920, 14 had a hospital residence of less than one year; 22 of more than one, but less than five years; 19 from five to ten years; 19 from eleven to nineteen years; and 26 for twenty years or over.¹

Prolonged institutional care may reasonably be expected to become less often necessary as the early recognition and prompt treatment of mental disease becomes more common.

¹ See note 1, page 806.

In the above-mentioned case of a dementia-praecox patient first admitted to the hospital in 1866, the admission note states that the patient was "violent, dangerous, suicidal". Cases in which hospital admission was delayed until long after the onset of the psychosis are not difficult to find, especially among the older records. The following are examples of such cases:

The physicians' certificate admitting Mary K., in 1906, for the first time to the Boston State Hospital reads as follows: "Eight years ago she became hysterical and has refused to see people since, except occasionally a few who lived in the same house. She would remain in one room for months at a time. The condition became gradually more severe until within a few weeks the present condition manifested itself" That is, she became excited, untidy, said she heard the Virgin telling her that she was to be married, and insisted that a man took her naked out of the window at night.

Peter L. was first admitted in 1905. The admission note states that he "has been violent for three months; thinks he is Christ; is homicidal".

When Arthur P. was first admitted in 1902, the informant stated that he had not spoken for two months.

Various admission statements selected at random from records of patients included in this study who were first admitted more recently seem to indicate a growing tendency toward earlier recognition and treatment of mental disease. For example:

The physicians' certificate admitting Lucy J. in 1918 merely states that she "has had influenza recently and talks incoherently".

In 1919, George M. was admitted by a certificate stating that "for the past month he has shown a decided character change; believes he is persecuted and has ideas of reference".

Peter V. was arrested in 1922 by the police for stealing a hat, and taken to the Boston Psychopathic Hospital for observation. He was then transferred to the Boston State Hospital.

Many cases, however, as indicated from the following extracts from admission notes, still fail to receive early treatment:

Joseph C., first admitted in 1919, "has broken all the windows at home three different times; is obscene to his sisters and deluded".

Everett S., first admitted in 1922, "has been untidy for several years; sits by himself and laughs; seclusive and idle; at times violent".

The age grouping of the patients in 1922, as related to sex and nativity, are shown in Table III (page 811). It is interest-

ing to note that while there are 26 native-born patients under twenty-one years of age, there are only 4 foreign-born; also that the average age of the foreign-born patients is 29.3 with a standard deviation of only 7.6, as compared with that of patients born in this country, which is 29.7 with a standard deviation of 9.3. The explanation is probably to be sought in a study of the nature and extent of immigration for the period of years covered by this analysis. Of the native-born, 58 per cent are males, while only 42 per cent of the foreign-born are males.

TABLE III.—AGE DISTRIBUTION OF NATIVE AND FOREIGN-BORN PATIENTS

Age in Years	Total			Native-born			Foreign-born		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
6-10 .....	..	1	1	..	1	1	..	..	..
11-15	2	1	3	2	1	3	..	..	..
16-20	13	13	26	12	10	22	1	3	4
21-25	56	43	99	49	33	82	7	10	17
26-30	60	50	110	47	35	82	13	15	28
31-35	31	29	60	25	19	44	6	10	16
36-40	25	19	44	22	15	37	3	4	7
41-45	9	5	14	8	5	13	1	..	1
46-50	10	6	16	9	6	15	1	..	1
51-55	3	3	6	3	1	4	..	2	2
56-60	1	2	3	1	1	2	..	1	1
61-65	1	..	1	1	..	1	..	..	..
66-70 .....	..	1	1	..	1	1	..	..	..
Over 70	1	..	1	1	..	1	..	..	..
Total	212	173	385	180	128	308	32	45	77

The amount of education of the patients in relation to diagnosis is shown in Table IV (page 812). Of the dementia-praecox patients, 29 per cent had at least a partial high-school education, as compared with 36 per cent of those in the manic-depressive group. It should also be noted that 27 per cent of the dementia-praecox patients received either "slight" education or did not go beyond the fourth grade, as compared with 17 per cent of those with manic-depressive psychoses. That is, if the small number of cases studied warrants the conclusion, it would appear that there is a larger proportion both of the well-educated and of those with only slight training among the dementia-praecox patients than in the manic-depressive group.

TABLE IV.—EDUCATION OF PATIENTS CLASSIFIED BY PSYCHOSES

Education	Psychoses										Without psychosis		
	Total	Dementia praecox	Manic-depressive	With mental deficiency	With psychopathic personality	With epilepsy	With somatic disease	Paranoid	Traumatic	Alcoholic	Undiagnosed	With mental deficiency	With psychopathic personality
Unknown	20	12	3	4	..	..	..	..	..	1	..	..	..
None	6	..	..	2	..	..	..	..	..	..	..	4	..
Slight	101	68	7	17	1	3	..	..	1	..	2	2	..
Grammar school													
First grade	4	1	..	1	..	..	1	..	..	..	..	1	..
Second grade	2	..	..	2	..	..	..	..	..	..	..	..	..
Third grade	4	2	..	2	..	..	..	..	..	..	..	..	..
Fourth grade	4	1	..	..	1	1	..	..	..	..	..	1	..
Fifth grade	10	5	..	1	1	1	..	..	..	..	1	1	..
Sixth grade	18	10	1	5	..	..	1	..	..	..	..	..	1
Seventh grade	24	12	3	5	1	..	1	..	..	..	..	2	..
Eighth and ninth grades	14	10	1	1	..	1	..	..	..	..	..	1	..
Graduated	68	55	10	..	2	..	..	1	..	..	..	..	..
High school													
First year	24	18	4	1	1	..	..	..	..	..	..	..	..
Second year	17	13	2	1	1	..	..	..	..	..	..	..	..
Third year	12	9	3	..	..	..	..	..	..	..	..	..	..
Fourth year	2	2	..	..	..	..	..	..	..	..	..	..	..
Graduated	26	20	4	..	..	..	1	1	..	..	..	..	..
Special training													
Supplementing high school	16	14	2	..	..	..	..	..	..	..	..	..	..
Without high school..	13	11	2	..	..	..	..	..	..	..	..	..	..
Total	385	263	42	42	8	6	4	2	1	1	3	12	1

One would then expect to find a corresponding variation in the type of occupations held by patients in these two groups. As a matter of fact, the distribution according to occupation, when expressed in percentages, is as follows:

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<i>Occupation</i> ¹	<i>Dementia praecox</i>	<i>Manic-depressive</i>
Factory and unskilled.....	43.0	38.1
Selling and buying.....	16.0	11.9
Trades and semi-skilled.....	14.4	11.9
Clerical and office.....	5.7	11.9
Vocational and professional.....	2.7	7.1

A close comparison of these percentages with those of the comparative education of the two groups shows that, although 17 per cent of the manic-depressive group as compared with 27 per cent of that of dementia praecox received only a slight education, only 5 per cent more of the dementia-praecox patients than of those in the manic-depressive group were engaged in factory work and miscellaneous unskilled labor. Also, a larger percentage of the manic-depressive group is engaged in clerical and office work and in the vocations and professions than one would expect on the basis of educational fitness when compared with the corresponding percentage of the dementia-praecox group.

Possibly the frequency of a seclusive make-up in individuals who later develop dementia praecox may account in part for what appears to be an inability to hold positions commensurate with their intellectual ability. In view of the fact that the occupations listed represent only the last known positions held by the patients, it may be that the slow onset of dementia praecox as compared with that of the manic-depressive psychoses resulted in such a gradual lowering of efficiency that many of the occupations listed do not fairly represent the high-water mark of the patient's career.

None of the group with the diagnosis of psychosis with mental deficiency were engaged in work as highly skilled as that of clerks and office employees, or in fact in the more difficult of the trades and semi-skilled occupations. The same is true for the patients diagnosed psychosis with psychopathic personality, with the exception of one man engaged in clerical work.

A study of occupation as related to sex, as tabulated in Table V (pages 814-15), shows that of the 50 varieties of occupations listed, 30 are held by men only and 7 by women only,

¹ The occupations are listed in detail in Table V, pages 814-15.

TABLE V. — OCCUPATION OF PATIENTS IN PRINCIPAL PSYCHOSES

OCCUPATION	PSYCHOSES									
	Dementia praecox		Manic-depressive		With mental deficiency		With psychopathic personality		Total	
	Male	Female	Male	Female	Male	Female	Male	Female		
Unknown.....	2	1	2	4	8	3	11	1	1	
None.....	55	16	37	21	1	1	2	1	1	
School.....	13	4	9	5	2	1	2	1	1	
Factory.....	53	17	40	23	4	3	7	4	4	
Miscellaneous unskilled:										
Elevator operator.....	4	3	4	1	1	1	1	1	1	
Hostler.....	1	..	7	7	8	2	2	2	2	
Housewife.....	17	..	17	17	1	1	3	3	3	
Housework.....	21	..	1	1	..	..	..	..	..
Janitor.....	1	1	1	..	..	..	..	..	..
Kitchenman.....	4	3	3	..	1	1	1	1	1	
Laborer.....	40	32	32	1	5	..	5	2	2	
Laundry worker.....	1	1	1	..	..	..	..	..	..
Nursemaid.....	1	..	..	1	1	1	1	1	1	
Pedler.....	2	..	..	1	1	1	1	1	1	
Porter.....	7	6	6	..	1	1	1	1	1	
Scene shifter.....	1	1	1	..	..	..	..	..	..
Waiter.....	4	1	1	2	1	..	1	..	..
Selling and buying:										
Advertising solicitor.....	1	1	1	..	..	..	..	..	..
Canvasser.....	1	1	1	..	..	..	..	..	..
Clerk (in shop).....	12	5	11	1	1	1	1	1	1	
Clerk (unspecified).....	16	9	13	1	1	2	2	2	2	
Messenger.....	9	6	1	..	..	..	..	..	..
Newsboy.....	3	2	2	1	1	1	1	1	1	
Salesman.....	7	5	6	1	..	..	..	..	..
Shoe polisher.....	1	1	1	..	..	..	..	..	..

leaving a remainder of 13 varieties in which both men and women are employed. At first thought, one might expect that the much smaller range of occupations for women might be at least partially explained by their preponderance in the occupations of "housework" and "housewife". As a matter of fact, a similar maximum frequency of men in one unskilled occupation is found. That is, while 24 per cent of the women are either housewives or are engaged in housework, 20 per cent of the men are classed as laborers.

Factory work, however, claims 20 per cent of the women, but only 11 per cent of the men.

The relationship of social work to the entire group of patients is shown roughly in the three following summaries.

The first deals with those patients who have never been on visit from the hospital; showing how long a time elapsed after their first admission to the hospital before they were referred to the social-work department:

<i>Time elapsed after first admission</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Unknown .....	..	2	2
0- 1 month	16	7	23
1- 3 months	6	4	10
3- 6 months	2	2	4
6- 9 months	4	..	4
9-12 months .....	..	..	..
1- 2 years	3	2	5
2- 3 years	2	3	5
3- 4 years	2	..	2
4- 5 years	2	..	2
Over 5 years	4	3	7
Total	41	23	64

Of those patients who have been on visit, it is more important to know how many were referred for social work before leaving the hospital for the first time, and how many were not thus referred until they had made at least one attempt to adjust themselves in the community. The next summary, therefore, shows how long *before* their first visit certain patients were referred for social work, while the third summary shows how long *after* their first visit certain others were thus referred:

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<i>Time elapsed prior to first visit</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Unknown	7	7	14
0- 1 month	1	8	9
1- 3 months	1	4	5
3- 6 months	1	5	6
6- 9 months	3	4	7
9-12 months .....	..	1	1
1- 2 years	1	3	4
2- 3 years .....	..	4	4
3- 4 years .....	..	..	..
4- 5 years .....	..	1	1
Over 5 years .....	..	..	..
Total	14	37	51

<i>Time elapsed after first visit</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Unknown	1	1	2
0- 1 month	1	3	4
1- 3 months	1	2	3
3- 6 months .....	..	5	5
6- 9 months	3	..	3
9-12 months	4	4	8
1- 2 years .....	..	..	..
2- 3 years .....	..	..	..
3- 4 years	1	1	2
4- 5 years	1	..	1
Over 5 years	3	8	11
Total	15	24	39

Only 154 of the 385 patients studied have ever been referred for social work. Of these 154 patients, 64, or 42 per cent, have never been on trial visit from the hospital. This means that the social worker has served this hospitalized group only by securing medical histories; by making investigations relative to the patient's diagnosis; in the case of ex-soldiers, in coöperating with the Red Cross and with the Veterans Bureau in filing the patient's claim for compensation, and so forth; and in some cases by rendering assistance of various kinds to the family of the patient. Occasionally there has been also a home investigation, which did not result in allowing the patient to leave the hospital on a trial visit. Various miscellaneous services have also been rendered by the social

worker for patients in this group, such as locating relatives, making arrangements in regard to the patient's personal possessions, getting a signed permit from the patient's guardian or nearest relative for a lumbar puncture, and the like.

The patients who have been on visit are classified in two groups—namely, those who were referred for social work prior to their first trial visit, and those who were not known to the social worker until after they had left the hospital. Of the 90 patients known to the social-work department who have been on visit, 39, or 43 per cent, were not referred until after they had left the hospital. In many cases this means that no assistance in making social readjustments was offered until the patient had failed at least once to fit into the life of the community with only such help as friends and relatives could give him.

There are many reasons for this delay in referring patients in this group for social work, of which possibly the most serious is the inadequate number of social workers on the hospital staff. For the year ending November 30, 1922, the average daily number of patients on the books of the Boston State Hospital was 2,272.89,¹ whereas the social-work department consisted of three paid workers, or one worker to every 757.63 patients. The average daily number of patients on trial visit or boarded out during this same year was 294.52, that is 98.17 patients per social worker. It should be added that for several years the department has had the services of two students for nine months of the year; also that many of the patients in the hospital, and probably a number of those outside, do not require the assistance of the social-work department.

Table VI (pages 819-20) outlines the types of social work rendered to the 154 patients referred to the department. It may be well to define the terms used in this table:

Medical History: A detailed account, from the nearest relative or chief informant, of the patient's family and personal history, with particular reference to the onset of the mental illness.

¹ Annual Report of the Boston State Hospital for the year ending November 30, 1922.

TABLE VI. — SOCIAL SERVICE RENDERED PATIENTS CLASSIFIED BY PSYCHOSES

	Total	Psychoses								Without psychosis	
		Dementia praecox	Manic-depressive	Mental deficiency	Psychopathic personality	Epilepsy	Somatic disease	Paranoid	Undiagnosed	Mental deficiency	Psychopathic personality
Medical history.....	18	15	..	2	..	..	..	..	..	1	..
Medical history plus investigation.....	1	1	..	..	..	..	..	..	..	..	..
Medical history plus home investigation.....	2	2	..	1	..	..	..	..	..	..	..
Medical history plus follow-up.....	3	3	..	..	1	..	..	..	..	..	..
Medical history plus general supervision.....	1	1	..	..	..	..	..	..	..	..	..
Medical history plus home investigation plus follow-up.....	9	8	1	..	2	1	..	..	..	..	..
Medical history plus soldier investigation plus follow-up.....	3	3	1	..	..	..	..	..	..	..	..
Investigation.....	16	9	3	1	..	..	..	..	1	2	..
Investigation plus general supervision.....	7	5	2	1	..	..	..	..	..	1	..
Investigation plus home investigation plus follow-up.....	2	..	1	..	..	..	..	..	..	..	1
Soldier investigation.....	16	10	2	2	..	..	1	1	..	..	..
Soldier investigation plus general supervision.....	2	1	..	1	..	..	..	..	..	..	..
Soldier investigation plus home investigation plus general supervision.....	3	2	..	1	..	..	..	..	..	..	..

Social service rendered

TABLE VI. — SOCIAL SERVICE RENDERED PATIENTS CLASSIFIED BY PSYCHOSES—Continued

<i>Social service rendered</i>	<i>Total</i>	<i>Psychoses</i>								<i>Without psychosis</i>	
		<i>Dementia praecox</i>	<i>Manic-depressive</i>	<i>Mental deficiency</i>	<i>Psychopathic personality</i>	<i>Epilepsy</i>	<i>Somatic disease</i>	<i>Paranoid</i>	<i>Undiagnosed</i>	<i>Mental deficiency</i>	<i>Psychopathic personality</i>
Home investigation	6	4	2	..	..	..	..	..	..	..	..
Home investigation plus follow-up	1	1	..	..	..	..	..	..	..	1	..
Home investigation plus general supervision	18	9	3	3	1	..	1	..	..	..	..
Family assistance	2	..	1	..	1	..	..	..	..	..	..
Follow-up	23	21	1	..	..	1	..	..	..	..	..
General supervision	12	5	4	1	1	..	..	..	1	..	..
Miscellaneous	12	10	1	1	..	..	..	..	..	..	..
Total	154	98	22	14	6	2	2	1	2	6	1

Investigation: Search for additional information, from one or more sources, relating to the diagnosis of the patient's disease or to the understanding of the patient's mental or physical condition.

Home Investigation: An examination of a prospective home for a patient whom the psychiatrist is considering allowing out on trial visit. Such an examination may extend beyond the home itself until it becomes a thorough study of the environment to which the patient would be subjected if allowed to leave the hospital.

Soldier Investigation: A definite procedure carried out in conjunction with the Red Cross and the Veterans Bureau in regard to such questions as compensation, insurance, guardianship, and the like.

Family Assistance: Under this heading are included all services rendered families of the patients by the social worker not relating primarily to the patient's own welfare. These services may vary all the way from advice and the giving of information concerning the patient's hospital care to a prolonged supervision of the patient's children or siblings when they are found to present psychiatric problems.

Follow-up: Many patients on trial visit are seen from time to time either to urge them to report to the hospital clinics, or merely to secure information for the psychiatrist as to their condition. This variety of slight service is frequently termed "follow-up".

General Supervision: In all cases referred for general supervision, the social worker undertakes to do thorough case-work, involving social investigation, analysis, plan for social treatment, and social treatment itself.

Out of the 154 cases known to the social-work department, general supervision has been attempted in only 48 cases, 39 of which were female and 9 male. In the dementia-praecox group, 6 males and 15 females were generally supervised; in the manic-depressive group, 10 females; in the group of psychoses with mental deficiency, 2 males and 5 females; and in the group of psychoses with psychopathic personality, general supervision was given 4 females. General supervision was also given one male epileptic; one female diagnosed psychosis with somatic disease; one female, undiagnosed; two

mentally deficient females without psychosis; and one psychopathic female without psychosis.

The nature of social work rendered to patients who are referred for general supervision is roughly illustrated by the following brief summaries of case records selected from representative diagnostic groups:

Hannah G., a seventeen-year-old Russian Jewess, was first admitted in 1905, to the Boston State Hospital, where she was diagnosed manic-depressive, depressed. In 1906, she was tried in the community, but returned of her own accord, greatly depressed, a few months before the year was up. Between 1906 and 1911 her cycles were so frequent that it was not thought advisable for her to leave the hospital. After two more brief visits, at Hannah's own request she was referred to the social-work department for general supervision prior to going out again on visit in 1914.

Since 1914, she has been in and out of the hospital at varying intervals, but always under the supervision of the social-work department when out of the hospital. She has been on five trial visits during this time, the longest lasting two years and six months, the shortest, five days. During the last eight years, Hannah has spent 62 per cent of her time in the community, always supporting herself while on visit, as compared with spending in the community only 7 per cent of the nine years just previous to being referred to the social-work department. Doubtless social work alone does not account for this improvement, but in all probability the social worker did assist in effecting a better adjustment of the patient in the community.

The social worker first attempted to readjust Hannah in her home with her family, consisting of her father and three brothers. Her mother was dead. It soon became evident that Hannah was not equal to this situation, especially as her father was alcoholic and her brothers indifferent. Frequent changes of employment followed, accompanied by varying degrees of success. The quality of her work, whether in store, hospital, or home was satisfactory, but, becoming depressed and dissatisfied, she would leave of her own accord.

Hannah was perhaps most contented during the year and a half spent with Mrs. R., assisting in the housework. Mrs. R. was genuinely interested in Hannah, teaching her to cook, and making a really fine housekeeper out of her. During this period Hannah was kept in close touch with the hospital, attending the dances, reporting to the psychiatrist, and frequently coming of her own accord to consult the social worker. Her interest in her father was nurtured. She visited him and tried to help him straighten out his little home, while every week on her day off she had her noon meal with him, then frequently going to the theater with friends.

She left this position to accept an invitation to visit a married brother in Idaho. While with him she had a very severe attack of influenza and pneumonia from which she did not make a good recovery. She became so depressed that in April, 1920, she returned to Boston and came directly to the hospital, asking to be taken in. After a few months she returned

to Mrs. R., with whom she stayed for about a year, leaving when in a mildly depressed state, which finally necessitated her return to the hospital, where she remained for about four months.

The underlying causes of Hannah's depressions, whatever they may be, appear to be still operating. In spite of this, something has been accomplished in the way of compensation by changing her environment and by meeting her conscious mental difficulties with an understanding based upon a general knowledge of the types of mechanisms involved in manic-depressive psychoses. If this assistance in making social adjustments could have begun in 1906, when Hannah first went on visit, instead of in 1914, it seems probable that her history to-day might read somewhat differently. So few cases in this group have been given general supervision that safe comparisons cannot yet be drawn between the results in Hannah's case and those in other manic-depressive cases more recently referred for social work when leaving the hospital for the first time.

Bridget W., eighteen years old upon admission, was diagnosed psychosis with mental deficiency. Within a year, the social worker was asked by the psychiatrist to make plans for placing Bridget in the community on trial visit under as close supervision as possible. When Bridget had come to the hospital, her conversation had been entirely about sex. She had masturbated to excess, and, if not watched, would sit at the window with her limbs exposed, calling to men who passed by. She had frequently expressed the desire to have a baby.

Bridget's married brother consented to try her in his home. The brother's wife thought that Bridget should be allowed to go shopping, or to visit friends, as freely as any normal girl of eighteen, but was taught to understand Bridget's need of careful supervision. Bridget became very fond of her brother's baby and proved helpful in caring for it.

Later, Bridget was boarded by another brother with Mrs. M., who also had to be shown what responsibilities she was assuming and how to make proper allowance for Bridget's handicaps. After she had been in Mrs. M.'s care for about four months, Mrs. M. reported that she had shown a great deal of improvement, doing little duties about the house much better, keeping very neat and clean, and no longer becoming easily irritated. During this time, Bridget's brother often came to see her, occasionally bringing her candy or taking her to the movies.

At one time, Bridget was temporarily returned to the hospital, pending a readjustment between the brothers as to the payment of her board. It was finally decided that she should return to her married brother's. A careful plan was worked out as to just what household duties were to be given to Bridget, what share each brother was to assume in her support, the amount and kind of recreation she should have, and by whom it was to be supplied and supervised. All went smoothly for four months, when Bridget became restless and irritable, upon one occasion locking herself in the bathroom and turning on the gas. Finally she was returned to the hospital, where she has since remained except for occasional short visits either to her married brother's or to the home of Mrs. M.

In this case, as in that of Hannah G., a permanent adjustment in the community will in all probability never be effected. Nevertheless, the

social worker has from many points of view spent her efforts to advantage. She has made it possible for the patient to remain for a considerable length of time in the community where she has probably earned at least half of her support, as well as played her part in society in less material ways. This adjustment was made possible not so much by working with the patient, as by educating the people with whom she came in contact. This function of the psychiatric social worker, if intelligently carried out, will have far-reaching effects in preparing the community for the development of preventive work by fostering an intelligent attitude toward mental abnormalities, thus gradually removing the stigma attached to mental disease.

Comparatively little has been attempted by the social-work department in the way of general supervision of dementia-praecox patients, and still less has been accomplished. The experience of the social-work department in trying to adjust such patients in the community is illustrated by the following examples:

Julia C., twenty-three years old, after graduating from high school at seventeen, had for three years attended art school, where she had won a scholarship covering her expenses for the last year. When admitted to the Boston State Hospital, a diagnosis of dementia praecox, hebephrenic type, was made. About a year after her admission, the psychiatrist referred her to the social-work department with the recommendation that she be tried at the small occupational-therapy center in Hopkinton, which is under the direction of the head social worker.

At first, Julia showed a little interest in painting cards and in doing some simple cross-stitching. She also drummed out a few tunes on the piano with much zest. Some of the other patients took her with them on a coasting party, and all reported a splendid time. After a few weeks, however, Julia began to burn things—papers, material given her for sewing, her nightgown, and so forth. Consequently, she was returned to the hospital.

Angelo R., twenty-five years old, also a dementia-praecox patient, hebephrenic type, has been out of the hospital for nearly a year. The social worker made the home investigation and continued the case under general supervision. For several months Angelo sat around listlessly in the house, often staying in bed a part of the day, and constantly refusing to occupy himself. He was then persuaded to attend the Sloyd School of Occupational Therapy. At first it was necessary to accompany him to and from the school, but now he is going alone, and seems to have no difficulty in changing cars or in getting to school on time. He says that he likes the school very much, and the fact that he goes regularly without any urging bears this out.¹

¹ Angelo has recently (1923) become interested in helping his father paint their house, and says that he wants to find a job for the days when he has no classes at the Sloyd School.

These two cases of dementia praecox illustrate the fact that at the present time the psychiatric social worker is limited, in the attempt to supervise dementia-praecox patients in the community, by the lack of understanding of this disease on the part of the psychiatrists upon whose direction she must depend. About all the social worker can do for the type of dementia-praecox patients found in state hospitals is to attempt to provide for the patient a normal environment in which occupational interests are emphasized, and to make careful observations of the results.

Even this brief study shows that psychiatric social work is still in an empirical stage. The social worker has no definite knowledge of those causes of the patient's social maladjustment which lie in the field of the unconscious, and in hospitals where psychoanalysis is not practised, the psychiatrist is generally unable to assist the social worker in understanding the fundamental social difficulties of the patient. Even with a full knowledge of the causes of a given patient's social maladjustment, at present the social worker would be unable to supply a technique adequate to cope with all problems of social adjustment on other than an empirical basis.

Perhaps the social worker should be engaged in both preventive and remedial work at the same time, if for no other reason than for that development of social technique which would occur through the interplay of experiences in dealing, on the one hand, with comparatively normal individuals and, on the other, with those known to be definitely psychotic. In studying less complex social maladjustments due either to purely social causes or to slight premonitory mental symptoms, the social worker would gain further insight into the grosser forms of social difficulties occurring in the majority of state-hospital cases. Similarly, her experience with frank social and mental symptoms of definitely psychotic patients would assist her substantially in developing a technique of social treatment to be used in preventive work.

What opportunities for such preventive work lie within the field of the state-hospital social worker? As a partial answer to this question, let us consider the siblings of patients included in this study. Of the 385 patients studied, 17 have one sibling each who has been admitted to the Boston

State Hospital, while in each of two cases, two siblings have been patients there. It so happens that in each of these 17 cases there are other living siblings who are not known to have any history of mental disease. The average number of well siblings per patient in this group of 17 cases is three, the distribution ranging from eight to one. Of the total number of 56 well siblings, 16 are known to be younger than the patient and 23 older, while in 17 cases the exact age of the siblings does not appear in the history.

The number of siblings was definitely determined for 320, or 83 per cent, of the 385 patients studied. In only 25 cases was the patient an only child, while in 107 cases there were 5 or more siblings. The average number of siblings per patient was 3.5, with only a very slight deviation from this average in the different diagnostic groups.

The patient's medical record often reveals conditions that emphasize the need of preventive work from a psychiatric standpoint among other members of the family. The medical record of Evelyn T. illustrates this possibility particularly well:

Evelyn T., twenty-two years old, is a case of dementia praecox. In the hospital she has been violent, attacking the nurses, scratching them, and pulling their hair; she has shown mutism and catatonia; she has to be dressed and undressed and is untidy, both wetting and soiling her clothes.

At home are her father, her mother, one brother, and five sisters. The father is a painter by occupation and works steadily, although he is constantly tired and worn. He is sociable and pleasant, but becomes excitable and "nervous" if things go wrong, and is constantly worrying about the family finances. The mother is very delicate looking and states that she has a "fallen womb".

Evelyn, the patient, is the oldest child. Her brother Carl, twenty-one years old, is "a sober fellow", studying very hard to become an electrician. Dorothy, fifteen years old, is in the sixth grade. She has mastoid trouble and because of this is merely visiting school. Mary, thirteen, in the fifth grade, is delicate, tires easily, and has the rickets. Flora, twelve, is also in the fifth grade. The record states that she "has had Bright's disease". Marian, ten, is in the fourth grade and is described as "pale, fretful, and restless". Helen, three, is said to be in good health.

Evelyn's father and mother came from Nova Scotia, bringing with them simple, but wholesome standards of living, but their small income has led to compromises even in the necessities of life. Evelyn, however, graduated from the Practical Arts High School, and had planned to work her way through college and become a social worker until the

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family physician advised strongly against subjecting her rather poor health to such a strain.

During the summer, Evelyn grieved a great deal because forced to give up her plan for a career, seemed absent-minded, and insisted that she was not as bright as her sister Dorothy. She cried so much that her mother finally took her to the doctor, who advised general health measures.

In the fall, she entered upon nurses' training in a general hospital. She had a ten days' "nervous breakdown" in March, during which she insisted that the Catholics were persecuting her. She then worked ten days, but became so upset that she was sent home, where she rested for two weeks, returning to take her examinations, which she passed with high marks. About the end of April, a patient asked her to stay with him until he died, but she was not allowed to do this. She was, however, detailed to "lay him out", during which she imagined that he got up and followed her. She then began to worry about seeing the face of a woman who had died, and feared that she had given her the wrong medicine.

She returned home, where she slept poorly, had no appetite, and spent hours reading the Bible and medical books. One day she suddenly attempted to choke her mother, but was prevented from doing so by the joint action of the other children. She was then brought to the hospital.

Such a history gives rise to many questions as to the function of a social worker in any program for the prevention of mental disease, and more specifically in state-hospital programs as they exist to-day. Remembering that in a hospital as well-equipped as the Boston State Hospital, there is only one paid social worker to every 758 patients, is it out of the question to attempt preventive work on the basis of a history containing such social facts as summarized in the example cited above?

Before attempting to answer this question, there are others to be considered. Can the social worker assist the parents and siblings in adjusting to this tragedy of Evelyn's change from an ambitious, attractive girl, filling her place as eldest daughter in the family circle, to an apathetic, untidy, and occasionally violent patient on a disturbed ward of the Boston State Hospital? If fears of another similar break in the family circle are haunting the parents or the older children, how can the social worker see and meet the situation? What effect has the shock of watching their big sister attempt to choke their mother had upon the younger children? Can the physical handicaps of the children be overcome, and what bearing would this have upon their mental health? How can

the ambitions of each child find a suitable expression without sacrificing either their health or the ideals built up by family tradition and broad home interests? If the father is not assisted, how long will he be able to struggle along under the burdens he is carrying?

Dr. C. Macfie Campbell points out that "mental disorders tend to thrive on the soil of faulty habits and unsatisfactory environment; with uncongenial occupation, with sources of recreation limited through lack of training in appreciating the harmonies of life, with sense of personal and civic responsibility uncultivated, with no clear realization of the sound basis of good sexual standards, the continuation of healthy adjustment depends altogether on original constitution and luck".¹ Surely, "original constitution and luck" must largely be responsible for any "continuation of healthy adjustment" in the family of Evelyn T., and there seems to be little reason to suppose that either will be equal to the needs of at least certain members of the family.

Regardless of the present unavoidable pressure of work in state hospitals, the psychiatric social worker should consider the possibility of handling a few carefully selected cases such as that of Evelyn T., from the standpoint both of the prevention of mental disease and of research, with such care as to make the disproportionate amount of time spent a sound investment for the state. In so doing she will not only secure results in the actual cases handled, but through a consequent development of technique, she will also meet with greater success in the regular hospital cases with which at present she is more familiar. The social worker could undoubtedly secure such willing coöperation from the psychiatrists in the hospital where she is employed as to make it possible to do an intensive piece of work upon one or more definitely preventive cases.

Even to consider the possibility of undertaking such a modest program of preventive work in the state hospitals as they exist to-day is a far cry from the attitude toward mental disease in 1866, when the oldest patient included in this study

¹"The Relation of Social and Economic Factors to Mental Hygiene", by C. Macfie Campbell, M.D. *American Journal of Public Health*, Vol. 6, December, 1916. p. 1281.

was first admitted to the Boston State Hospital. Mental disease is gradually losing its stigma; many early cases receive prompt treatment in clinics of various kinds, either delaying or actually preventing hospitalization; the hospitals themselves offer an increasing amount of constructive treatment; while with the help of the social worker many patients are assisted in making a readjustment in the community.

A similar study, if made fifty years hence, of the relation of social work to those patients in the Boston State Hospital who were not over twenty-five years of age at their first admission, would in all probability show a distinct advancement of social work beyond the empirical stage in which it exists to-day. This probable advancement as related to this youthful group of the hospital population will be conditioned by the attitude of the social worker toward the problems that they present. In so far as she develops a conscious, active attitude, she will study such factors as racial background, education, occupation, and recreation in relation to the mental life of individual patients, and, working under the guidance of the psychiatrist, will through her own experience and that of her fellow workers develop a technique increasingly successful in effecting social adjustments.

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ABSTRACTS

A STUDY OF THE SEX LIFE OF THE NORMAL MARRIED WOMAN; THE HAPPINESS OF MARRIED LIFE. By Katharine Bement Davis, Ph.D. *Journal of Social Hygiene*, 9:1-26, 129-46, January and March, 1923.

This paper is one of a series of articles on the results of a questionnaire sent out by the Bureau of Social Hygiene, in collaboration with a special committee, to 10,000 women, from whom 1,000 replies have been received. The questionnaire was divided into five sections: A, "General"; B, "Childhood"; C, "Adolescence"; D, "Marriage"; and E, "For Women Who Have Passed the Menopause". Sections A and B have already been discussed¹ as well as one phase of section D.² The present article also is on that section and more are in preparation.

The women to whom the questionnaire was sent were selected on the basis of being married women of respectable standing in the community and of sufficient intelligence and education to understand and answer the questions submitted. The replies to Section A showed that the group as a whole was much above the average in education. About 60 per cent had been gainfully employed before marriage. The majority of them were in good health. The group, therefore, is very homogeneous and may be assumed to have fairly uniform standards of married happiness.

The great majority of these women—872 out of the 1,000—stated unequivocally that their married lives had been happy. Twelve failed to answer. One hundred and sixteen were either partially or utterly unhappy. The reasons for unhappiness were not stated in 6 cases; 88 women gave one reason, 20 two each, and 2 three each. The reason most often given was incompatibility of temperament or interests, which appeared 40 times. "Difficulties of adjustment of sexual life" was given 23 times—on the part of the husband in 18 cases, on the part of the wife in 5. Economic reasons appeared 14 times, unfaithfulness of husband 12, and alcoholism of husband 10. "No children" was given only 4 times, though 20 per cent of the group of 1,000 were childless. Disparity of age was mentioned only 3 times.

A comparison of the ages of the happy and the unhappy group

¹ *The Social Hygiene Bulletin*, Vol. 8, No. 6, pp. 9-11, and No. 12, pp. 6-8, June and December, 1921.

² "The Use of Contraceptives." *Journal of Social Hygiene*, Vol. 8, pp. 173-89, April, 1922.

showed that the average age of the happy was 37.5 and that of the unhappy 42.9; in other words, the unhappy averaged 5.4 years older. In the matter of educational attainments, the percentage of college women in the happy group was 77.3 and in the unhappy 66.9.

In order to eliminate these two factors of age and education, in which there seemed to be real differences between the two groups, a selection was made from the happy group of 116 cases corresponding exactly in age and education to the 116 unhappy cases. It was therefore possible to compare the unhappy 116 not only with the whole happy group, but with a happy group of 116 exactly similar in respect to age and education.

Certain differences between the two groups of 116 are marked enough to assume significance. In the matter of good health before marriage, general sex instruction before marriage, stability of health after marriage, and the presence of children in the home, the percentages are a good deal higher among the happy 116. It may be presumed, therefore, that these factors definitely make for happiness in married life. On the other hand, to judge from the percentages in these two groups, spooning, sex intercourse before marriage, and occupation outside the home after marriage apparently militate against the happiness of marriage.

There is possible significance in the fact that in the happy group the age of both husband and wife at the time of marriage is somewhat greater than in the unhappy group. The percentage of those who recollect sex feeling in girlhood is greater in the unhappy group and may be significant. No real differences between the two groups are demonstrable in regard to recollection of sex feeling in childhood, sex practices during childhood, masturbation in girlhood, strong sex feeling for other women—with or without physical expression—and occupation before marriage.

Taking up the sex side of married life, the study seems to indicate not only that preparation for that phase of marriage makes for happiness, but that there is a correlation between preparation and the attractiveness of the marriage relation as first experienced; also that when these first experiences are pleasurable, there is a greater chance for subsequent happiness. The replies of the women who found the relation attractive stress over and over again the unselfishness, consideration, and self-control of the husband, while just the opposite qualities are most often emphasized in the other group. "The wife ignorant, unprepared, shocked at the strength of her husband's passion; the husband unable to realize this, inconsiderate, uncontrolled; a long period of adjustment—and if this fails, unhappiness for both."

Four times as many of the happy women as of the unhappy had

found sex relations pleasurable during their entire married life, while at the time of filling out the questionnaire more than four times as many of the unhappy group as of the happy found them distasteful. The chance for happiness is apparently about even where the husband's intensity and frequency of desire are greater than those of the wife, over 50 per cent of both groups falling in this class. Where intensity and frequency of desire are about the same in both, the chances of happiness are greater, while the higher percentage of cases in which the wife's desire is greater is found in the unhappy group.

Little difference was found between the two groups in the matter of frequency of sex intercourse. However, 7.3 per cent more in the unhappy than in the happy group gave the reply "more than once a day", while 11.3 per cent more of the happy group returned the answer "one to three times a month". A definite trend seems indicated in both cases, though the actual numbers involved are very small.

No relationship could be shown between the use of contraceptives and the happiness of married life, but abortion was about three times as frequent in the unhappy group. No differences large enough to be significant were found to exist between the two groups in the matter of intercourse during pregnancy.

In closing, Dr. Davis emphasizes the fact that it is not safe to draw general deductions from this study in view of the fact that it is concerned with a selected and relatively small group. The findings do, however, seem to indicate certain trends that are worthy of further investigation.

THE SALVAGE OF THE BACKWARD CHILD. By Walter E. Fernald, M.D.
The Boston Medical and Surgical Journal, 189:161-65, August 2, 1923.

Dr. Fernald outlines here the advances that have been made in the care and training of the feeble-minded in the state of Massachusetts since 1912, the year the Massachusetts Society for Mental Hygiene was organized. Some of the important changes have been as follows:

The Wrentham School has increased its capacity from 400 patients to 1,500.

Both the Waverley and the Wrentham schools have instituted social-service departments, which supervise in the community more than 500 trained patients formerly supported by the state and now earning their own livings.

The out-patient departments of these two schools now examine and give advice to more than 1,500 mentally defective persons annually,

enabling the great majority of them to be safely and comfortably cared for at home instead of being supported at public expense in an institution.

The Belchertown State School, opened in 1922, has over 300 inmates and will be rapidly developed to its capacity of 1,500.

The School-clinic Law of 1919 provides for the mental examination of all school children in the state who are three or more years retarded. Under this law the state has been divided into 13 districts, each of which has been assigned to one of the state mental hospitals. Each hospital has organized a traveling clinic, consisting of a psychiatrist, a psychologist, and a social worker, who examine the retarded school children in the various towns in the district and give specific advice as to care and training to the local school authorities and to parents. By this means expert attention is secured for every feeble-minded child within the borders of the state. The great majority of the defective children examined can live at home and be trained in the local schools, while those who are troublesome or neglected can be drafted into an institution before they come to grief. The great opportunity of these clinics is to awaken in the family and in the local authorities a feeling of responsibility for the welfare of the defective child and to emphasize the necessity for social supervision of such children. Over 8,000 children have been examined and advised by the clinics in the two years during which they have been in operation. Splendid coöperation has been shown by the school authorities and parents have been almost universally grateful for the advice and assistance given.

The School-clinic Law requires also that any city or town in which there are 10 children three or more years retarded shall establish special classes for the instruction of such children. This part of the law, too, is being rapidly put into effect. The city of Boston alone has 80 of these classes, with well-organized after-care. In small rural schools in which there are fewer than 10 defective children, the problem is being partially met by the special instruction now being given in the state normal schools.

The census of all the feeble-minded persons in the state is progressing steadily as the school clinics and all other mental clinics in the state report to the state department of mental diseases the name of every defective child encountered, with a description of his case. The names and residences of over 18,000 defective persons are already known.

The law of 1911 requiring long continued custodial care for defective delinquents finally went into effect in 1922, with the opening of the department for defective delinquents at Bridgewater. Seventy-

eight feeble-minded and probably unreformable criminals have already been committed. In time practically all such criminals will be in permanent custody instead of being discharged at the end of a brief sentence to commit other crimes.

Three measures, passed in 1921, 1922, and 1923 respectively, make life in the community possible for large numbers of mental defectives who would otherwise be confined in institutions at the expense of the state. The first provides for the commitment of feeble-minded persons to the custody of the department of mental diseases, which has the option of placing them in an institution or allowing them to remain in the community under supervision, so long as they conduct themselves properly. The second permits the state schools for the feeble-minded to parole any suitable patient for an indefinite period and to recall him at any time if he violates the conditions of parole. The third authorizes the department of mental diseases to conduct a division of mental hygiene, with the authority and the personnel to assist and supervise and control suitable feeble-minded persons in the community.

The department of mental diseases has also been granted an appropriation by the legislature of 1923 for the scientific study of the causes of feeble-mindedness, in the hope that the results may have a bearing upon the prevention of certain types of mental defect.

Massachusetts is now providing institutional care for a larger number of feeble-minded in proportion to her population than any other state—78 per 100,000 in comparison with 60 in Minnesota, 59 in New Hampshire, 39 in New York, 31 in Pennsylvania, and 28 in Connecticut. But even if it were possible to provide such care for all the feeble-minded persons in the state, estimated at 50,000, it would be neither necessary nor desirable. Various surveys and studies have shown that feeble-minded individuals who have received careful training during childhood and adolescence can become harmless and even very useful members of the community. There are many more good defectives than bad defectives; of the 3,500 defective school children examined by the school clinics in Massachusetts, less than 7 per cent were recorded as showing vicious tendencies. Generalizations as to the antisocial traits of the feeble-minded are largely based upon experiences with untrained and neglected defectives. "The feeble-minded boy is blamed and punished at home for his stupidity; often neglected or harshly treated by the teacher who does not understand him; teased or 'picked upon' by other boys as a butt or joke; with no real companionship, with no one who understands his limitations, is it any wonder that, treated as a pariah

from childhood, he should become a sort of Ishmaelite at adolescence? Would not a normal boy so treated turn out badly?"

Those who are studying the problem of the feeble-minded from the social point of view are beginning to suspect that it is largely economic. "The idle defective has no money, feels inferior, and does his worst. The defective who works all day at good wages seldom gives trouble."

The keynote of the Massachusetts program is recognition of the defective's condition while he is still in the formative period. It proposes to protect him from evil influences, to train and educate him according to his capacity, to make him industrially efficient, to teach him correct habits of living, and when he has reached adult life, to continue to supply the help and guidance he needs. While there will be a centralized formulation of plans and methods, the actual care of the feeble-minded will be largely decentralized and the initiative and responsibility will be largely shared by the local community. The success of such a program depends upon a widespread public sentiment far more than upon mere legislative action. In closing, Dr. Fernald expresses his appreciation of the part that the Massachusetts Society for Mental Hygiene has played in arousing such sentiment in the state.

REPORT OF THE COMMITTEE ON VENEREAL DISEASES OF THE STATE AND
PROVINCIAL HEALTH AUTHORITIES. By Mark J. White, M.D.
American Journal of Public Health, 13:723-37, September, 1923.

This report covers the fiscal year ending June 30, 1922, and the first six months of the next year.

During the year 1921-22, 541 clinics reported to the Public Health Service, among them some that were no longer receiving federal aid. The number of patients admitted to these clinics during the year was 141,279, an average of 261 per clinic, representing a decrease of 57 per clinic from the 1921 rate. More cases of syphilis were handled than of gonorrhea, though the latter has the higher rate of incidence in the population. An encouraging aspect of the work was the relatively large number of persons discharged as non-infectious; the increase in discharges for 1922 was eight times the increase in the number of new infections. There was an increase also in the number of Wassermann tests and of examinations for gonococcus infections. Over 2,000,000 treatments were given, an average of 3,780 per clinic.

During the same year, 333,718 cases of venereal disease were reported to the state boards of health, a decrease of 13 per cent from the number reported the year before. There was a decrease in the number of reports in 35 states and an increase in 11. Five states—

Oregon, Rhode Island, Kentucky, Arkansas, and Missouri—showed an increase in the number of reports received for both years. For all the states combined, there was a decrease of 6.7 per cent in the number of cases of syphilis reported and of 19.5 per cent in the cases of gonococcus infection. From the evidence at hand, it is impossible to say whether the decrease is due to a lessened incidence of infection or merely to the laxity of physicians in reporting cases. Venereal-disease-control officers are agreed that in this matter of reporting cases, better coöperation from physicians is needed.

Owing to lack of funds, there was a decrease in the amount of educational work accomplished during the year. Over 2,000,000 pamphlets were distributed, however, 91 per cent of them by the state boards of health. The work included also over 3,000 showings of educational exhibits and sets of lantern slides, nearly 7,000 lectures under state or federal auspices, and the presentation of moving pictures on the subject of venereal disease to 1,200 audiences. Altogether over 2,000,000 persons were reached through these various meetings. A new development in the educational work consisted of a series of 10 social-hygiene conferences for non-professional women, the plans for which were drawn up with the assistance of the Women's Advisory Council to the Public Health Service and endorsed by representatives of the leading women's organizations of the country. Twenty-seven hundred women attended these conferences.

In seven cases, arrangements were made for these conferences to take place simultaneously with one of the 16 public-health institutes held during the winter and spring of 1922 in various cities throughout the country, under the auspices of the state board of health and the Public Health Service. The instruction in these institutions was devoted largely to the newer aspects of public health. The most popular courses were those in syphilis, gonorrhea, tuberculosis, child hygiene, and mental hygiene. The Chicago Institute, one of the most successful, was given up to social hygiene and the venereal diseases; and the New York Institute, which was held simultaneously with a meeting of the state medical society, consisted of a series of clinics on the venereal diseases. These institutes are of value not only as a means of meeting the need for more education on the part of the partially trained sanitarian, but as a method of stimulating public interest and of giving community leaders a comprehensive view of health problems.

For the year ending June 30, 1923, Congress appropriated \$400,000 for venereal-disease-control work, over \$225,000 of which was for allotment to the states. All but six states, including the District of Columbia, received federal funds that year, and three of these six had

money of their own available for the work. A federal appropriation of \$100,000, for allotment to such states as fulfill the required regulations, has been made for the year ending June 30, 1924.

Reports from clinics during the months July-December, 1922, showed a further decline in the average clinic attendance. The clinics, however, seem to be doing more effective work, to judge from the larger proportion of patients discharged as non-infectious and the increase in the number of treatments per patient. Reports of cases of infection received by state boards of health during those six months were slightly more than 50 per cent of the total for the year 1921-22. In view of the decrease in clinic attendance, this would seem to indicate better coöperation on the part of the doctors.

It is a matter of regret that reports are not being received from all the important clinics. There are probably around 900 of them in the country and only 528 are reporting to the Public Health Service at the present time; moreover, the list of those not reporting includes a number in large and important communities. The additional data that these clinics could supply would add greatly to the value of statistical studies in this field.

A special study of the work of 375 clinics as reported in 1922 is now being made by the Public Health Service for the purpose of determining the relative efficiency of the clinic in meeting the needs of the patient and of the community. The study will cover such points as the total clinic attendance and the number of new admissions to clinics per 1,000 of the population; visits per patient and per 1,000 of the population; visits per physician, nurse, and social worker, respectively; and so forth. According to this study, the number of visits per patient for the year was 9.5. In the clinics studied only 31 per cent of the patients discontinued their treatment without official permission. The other findings of the study will be available shortly.

The monthly bulletin of the Public Health Service has been enlarged to include original articles, and its title has been changed to *Venereal Disease Information*. It is to be issued by the government printing office. Moreover, the Venereal Disease Division is prepared to furnish to physicians abstracts and references on any phase of venereal disease.

Demonstrations of the use of the 12-reel film, *Science of Life*, designed for high schools in connection with courses in biology, physiology, and sex hygiene, are now being made by an officer of the Public Health Service upon the request of state boards of health. One hundred and two showings, before audiences numbering 39,199 persons, have already been made. Eleven states have had these demonstrations. A set of slides for girls has also been issued, and

three other exhibits are ready for publication by the government printing office—one for school teachers, one for adults, and one for colored girls.

In an effort to answer the question whether the lower rate of attendance at venereal-disease clinics and the decrease in the number of cases of infection reported to state health departments indicate a real falling off in the incidence of venereal disease, the Public Health Service, at the request of the Committee on Venereal Diseases, sent out a questionnaire on the subject to members of the American Urological Society and the American Dermatological Association. Two hundred and twenty-two replies were received. The majority thought that venereal-disease infection was decreasing, the others either that incidence was on the increase or that there had been no change in trend. Most of those who replied reported a decrease in the number of cases of acute infection, especially syphilis. There was no indication of any decrease or other significant change in the number of chronic infections.

"The factors mentioned which might be contributory causes of a decrease in the number of acute infections were (1) educational publicity, including the work done by federal, state, and municipal authorities, and the results of instruction given in the army and navy; (2) chemical prophylaxis, the efficacy of which was demonstrated during the war; (3) the effects of prohibition enforcement, resulting in fewer exposures due to relaxation under alcoholic intoxication of the natural inhibitory forces of the individual; (4) better diagnosis and treatment, which serve to detect the presence of infection and to limit the infectious period.

"The results of this inquiry cannot by themselves be taken as indicative of any real change in incidence of infection. The group to which the query was sent was small, and its clientele for the most part was limited to the upper social groups. Additional studies based upon actual data collected from all sources will have to be made before definite conclusions can be drawn."

EPILEPSY IN COLONIES. By Charles L. Dana, M.D. *Archives of Neurology and Psychiatry*, 9:551-53, May, 1923.

This paper summarizes briefly the results of a questionnaire sent to the medical directors of the nine epileptic colonies in the United States, with the object of ascertaining, so far as possible, the relations of the colonies to the surrounding communities, the special characteristics of such a colony, and the effects of segregation upon the epileptics themselves. Six replies were received. It was the unanimous opinion that an epileptic colony is not harmful to the surround-

ing community, but economically satisfactory, and that the members of the colony do not react badly upon one another, but are on the whole better and happier if segregated. Dr. Dana, however, incidentally raises the question whether eventually an epileptic infection of the community may not occur, since occasional irregular intercourse between the patients and outsiders must take place.

In almost every case the directors of the colonies complained of the inadequacy of state support and urged the need for more help, better equipment, and the removal of mental defectives, who in many states are grouped with the epileptics.

Some of the characteristics that give the epileptic colony a peculiar individuality of its own are as follows:

1. The group is made up of individuals who are on the whole not only incurable, but steadily deteriorating. In this it differs both from a group of the insane and of the feeble-minded, since for the former there is the hope of cure and for the latter of improvement.

2. The special character of the chronic deteriorating epileptic patient shows itself in a prevalent querulousness and irritability. There is a general dislike of discipline and of the effort necessary to attain skill in manual work or in any kind of technical occupation.

3. The group represents the greatest possible range of intelligence and as wide a variation in types of behavior.

4. The ever-present possibility of the convulsive seizure gives to the colony a certain atmosphere of anxiety and expectancy, toned down by familiarity with the situation.

In spite of these peculiar features, however, the fact remains that the seriously epileptic patient is better occupied, better educated, and happier than he would be in a normal community. The colony has a further value, from the point of view of society, in that it furnishes opportunities for studies that may throw light upon the nature of the disease.

PSYCHOANALYSIS AND VOCATIONAL GUIDANCE. By William A. White, M.D. *Archives of Occupational Therapy*, 2:253-75, August, 1923.

Dr. White applies here the Freudian doctrine of the wish as the unit of psychic life to the selection of a vocation. The important thing in choosing one's life work is not one's intellectual approval of this course or that, but the degree in which each satisfies one's instinctive desires. To be successful and happy in one's work one must be doing something that one wants to do and, other things being equal, one's success and happiness will be in direct proportion to the correspondence between one's vocation and one's desires. This formula, however, is not so simple and sure a guide as it might appear, since

individuals generally fail to recognize their instinctive drives or are torn between various desires and are incapable of deciding which is the strongest. The only way in which the real desire can be made clear is through the technique of psychoanalysis.

This method of procedure would seem to be as different as possible from that employed in the various psychological tests that are used to determine vocational selection; but Dr. White raises the question "whether perceptual acuteness in a particular sensory field, peculiar alertness in relation to certain types of stimuli, and such other qualities may not easily be conceived as correlated with certain instinctive tendencies, certain lines of interest. . . ." His own feeling is that "whatever is true in either method must harmonize with what is true in the other".

BOOK REVIEWS

SOCIAL CONTROL OF THE FEEBLEMINDED. By Stanley P. Davies. New York: The National Committee for Mental Hygiene, Inc., 1923. 222 p.

Dr. Davies makes a careful study of our methods of dealing with those who, like Maggy in Dickens' *Little Dorrit*, have "never grown any older ever since". Maggy had a bad fever when she was ten. Most of the others did not have fevers, but they have not grown any older since they were children. The author's declared purpose is to "discuss the various endeavors which have been made from time to time to meet the social problem of the feeble-minded", with particular emphasis upon the modern program of adjusting the feeble-minded by means of community adaptation and control.

The author's division of this adaptation into historic periods emphasizes the modern aspects of the program. The *ancient or medieval* period brings us down to the beginning of the nineteenth century. The second period, which is designated that of *physiological education*, runs indefinitely through the nineteenth century. We say "indefinitely" because its end is stated as coming with the establishment of the first institutions for the feeble-minded in this country (Massachusetts established the first school in 1848), and the next period begins "roughly" in 1900. The third period he calls the *alarmist*. It placed great emphasis upon eugenics and intelligence testing. The fourth or *modern* period, in which we seem to be developing a real program, begins about 1915.

The story is well told. The beginning of the period of physiological education concerns the "wild boy" found in the woods of Caune in 1798 and the work with him by Itard and Séguin.

At the beginning of the twentieth century, Mendel's Law was rediscovered by Hugo De Vries, and Alfred Binet responded to the practical demands of municipal legislation in Paris, providing for the special education of mentally defective children, by inventing a scale for the measurement of the intelligence of children. These events gave greater impetus to demands for care of the feeble-minded than had ever been felt before that time. The alarmist period inaugurated demands for larger custodial institutions and for sterilization laws. It produced the eight-volume report of the British Royal Commission in 1908. It produced the demand from the New York State Board of Charities, in 1912, for seven institutions for the feeble-minded, with capacity for 15,500. This period failed to give proper weight to the possible socialization of mentally defective children.

The change in point of view from that of alarm, with demand for

sterilization and segregation for life, to one of constructive social control the author shows to have been largely due to the 1914 study of Dr. Walter E. Fernald. Dr. Fernald studied 1,537 discharges made during the twenty-five-year period ending in 1914, so far as they were traceable. Very few of these were discharged voluntarily by the superintendent. Very many were found to have done well in the community. Dr. Davies spent some time at Waverley studying the modern adaptations of the training work.

Dr. Bernstein's colony organization and parole work at the Rome State School, New York, has proved a most notable contribution in this change of point of view in regard to the social management of mental defectives. The author has devoted considerable time to a personal study of the workings of this plan both at the institution, in the colonies, and in the homes to which children have been discharged.

Dr. Davies gives one chapter to the public school and the backward child. Most facts are from New York schools and the studies of ex-pupils of special classes in New York City and Cincinnati.

The solution of the problem of the feeble-minded, in so far as it can be stated in a sentence, he finds to consist in "giving the feeble-minded helpful and practical training and supervision and in making the community so far as possible safe for those who are permitted to remain in its midst".

The study presents a careful analysis of recent experiments and observations concerning the best methods of meeting and managing the social problems presented by the feeble-minded. No educator or other social worker whose field comprises these problems can afford to neglect a reading of this work.

The book is provided with a bibliography and an index. It constitutes a very useful presentation of the present developing tendency to socialize the feeble-minded as members of the community.

THOMAS H. HAINES.

The National Committee for Mental Hygiene.

DREADS AND BESETTING FEARS; INCLUDING STATES OF ANXIETY, THEIR CAUSES AND CURE. By Tom A. Williams, M.D. Boston: Little, Brown and Company, 1923. 217 p.

This book makes the seventh of the "Mind and Health" series prepared for the general public by eminent psychiatrists and psychologists and edited by H. Addington Bruce. The authors of four of the previous volumes have been disciples of Freud; in order to keep the balance, it is perhaps as well that a different point of view is presented in the present work.

Dr. Williams takes for his central theme certain established principles of behavioristic psychology and builds up therefrom his theories

concerning the causes and treatment of morbid fears. In this manner he has been able to maintain a simplicity and consistency that make for easy comprehension, leaving in the mind of the lay reader positive facts rather than confusion. According to his thesis, normal fear is the emotional component in the reaction of an individual to a situation of danger. This emotion is chiefly an acquired one. The main pathological factor in morbid fears is the establishment of the fear emotion in relation to a non-dangerous situation, as the result of painful experience, example, precept, or other conditioning influence. Various secondary factors contribute to the fixation of the fear state, and the patient is powerless to cope directly with it. Treatment consists in reconditioning the phobia system by standard methods of persuasion and reëducation. This is ostensibly carried out on the intellectual plane by argument, demonstration, and illustration. In Dr. Williams' experience, the method has been highly successful.

Members of the profession may not feel the same confidence as the author that his cures are made on the basis of logical appeal. The quoted statement of a patient (page 201) illuminates this topic; she says, "It is very strange that I am better, as what I have now learned I have often repeated to myself without avail." There is some as yet unexplained influence of the physician on the patient—referred to, for lack of a better name, as Personality with a capital P—to which too little emphasis is given by Dr. Williams.

In therapeutic technique the book adds little to the methods of psychotherapy popularized by DuBois twenty years ago. It ignores quite completely the voluminous contributions by the modern school of genetic psychology. Human behavior and feelings are considered chiefly as simple reactions to the influence of environment, with small consideration of the subjective balance of forces and inner needs of mankind.

Any one familiar with the author's powers of diction and resources of vocabulary may be surprised at the simplicity of the style. The reader will have little need for a dictionary. However, the barrier raised against the less usual words was evaded by at least one, and the culprit—"pusillanimity"—makes the most of its liberty.

The book, as far as it goes, is sound and may be recommended freely for public consumption. For a large number of the cases encountered in dispensary and office, the methods of treatment outlined are, no doubt, the most practicable to apply. In other patients, such a method of approach, at least in the hands of the average psychotherapist, is as futile as pill and powder to uproot a well-established phobia or other obsessional state.

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MARTIN W. PECK.

THE SOCIAL PHILOSOPHY OF INSTINCT. By Charles Conant Josey.
New York: Charles Scribner's Sons, 1922. 274 p.

Whenever a new point of view begins to pervade any science, it becomes necessary to reëxamine certain of the fundamental hypotheses and axioms upon which the older conclusions were based and either rephrase them so that they are consistent with the new philosophy or cast them out entirely. Behaviorism has had this effect on psychology. Behaviorism was born of modern experimental psychology, and now in turn is shedding its light on some of the older concepts and laying bare to critical analysis some of the assumptions that long ago were accepted as true. In his book, *The Social Philosophy of Instinct*, Josey has applied the behavioristic point of view to the interpretation of activities heretofore regarded as "instinctive".

In order to get a long view of the subject, the author begins with a historical sketch of the various theories of instincts, showing how they arose and what each sought to explain. It is of distinct advantage to look back and see through what mazes we have wandered in our effort to explain ourselves to ourselves. In his review of the theories of instinct that have been held from primitive times up to the present day the author has done a much needed piece of work. In the opinion of the writer, the greatest value of the book lies in the second chapter, *Historical Orientation*. Here the instinct is traced from its early concept as a divine force transcending human nature, through Bacon's proposition that instincts were "impressions from God", to the materialistic reaction of Hobbes, with his one principle of self-interest, and back again to a divine moral guiding principle. The force at first was outside of man; later it became an inner force. Evolution changed the "impression of God" to the "impression of the species". From the time of Darwin the tendency to interpret instincts phylogenetically, as having been selected because of their usefulness, grew stronger and stronger and is still held by some reputable psychologists of to-day. The purposive nature of instincts even now has a fascination for some schools and we find instincts accounted for as "differentiations of the *élan vital*".

Why the need of any philosophy of instincts, one might ask. The need is a very natural one. Man has called them in to explain various puzzling problems. It has been noticed that certain species of birds build their nests in peculiar ways, each species building true to form. Since the young could not have observed their parents building the nest in which they were hatched, how did they ever learn to build in the same way? The answer has been that these reactions are instinctive—they are inherited pattern reactions which unfold during the lifetime of the individual. During the period when "heredity" was

in vogue as a satisfactory and complete explanation for likenesses and differences among individuals, such a theory of instincts was wholly adequate. But recently "environment" is coming into its own as a causative factor, and the relative parts played by these two great influences are not nearly so clearly defined as they have been in the past. Perhaps the pendulum is swinging now to the other extreme. At any rate the author of the above book has been caught in the backward swing, and with the "influence of environment" as one prop and the "behavioristic attitude" as another has attempted to prove the following statements:

1. "Man does not inherit a mass of impulses as a result of the experiences of his ancestors." Man is by nature active, and the type of activity he displays is determined by his environment. We get no further in accounting for the origin of an activity by referring it to phylogenetic selection than if we tried to look for the cause here and now. It is just as possible for new acts to appear now as at any other time in our development; hence no need to refer to phylogeny.

The author presents this argument in the form of the following dilemma: "Either the behavior in the individual is caused by the same conditions that aroused the behavior in his ancestors, or it is not. If it is caused by the same conditions, there is no need to make an appeal to phylogeny. If it is not caused by the same conditions, it is hard to understand how the behavior of remote ancestors under one set of conditions can be used as an explanation of the individual under another set of conditions." (p. 244)

2. "Forces are not innate, but are accompaniments of activity." This is a somewhat new idea to many. Forces are considered as a kind of "function" in the mathematical sense. Emotions and instincts are the results of experience, generated by experience rather than serving as a cause for activity. Activity is basic—emotions and instincts accompany it and come into being when the environment acts on the organism in a certain way.

3. "Innate" refers simply to the capacity to be affected rather than to any specific drives. This would account for variations of behavior on the part of the organism under various circumstances.

4. Our institutions, customs, and morals are not rooted in "original nature"—they develop from the interplay of the environment and the individual. There is no need to fear that our culture is becoming more and more removed from original nature—it represents now, quite as much as in primitive times, the results of the interplay of the two forces.

5. Customs are not founded on emotions; rather, in a large way, they determine our emotions.

6. Drives are the *acquisitions* of the individual. (This point of view is set over against the idea that "drives" or "urges" are the fundamental determiners of experience.) Sex repression, the author considers in this connection, is not the repression of an innate force, but of impulses born and determined by social contact.

It is certainly unfair to an author to list his conclusions without indicating the method of reasoning whereby he reached them. Some of the above conclusions seem startling enough at first glance, but in order to understand the apparent categorical tone of their statement one should know something of the windmills that the author is fighting and his reasons for emphasis. He is particularly concerned with two present schools of thought. One is that represented by Thorndike which attempts to list a large number of specific acts and to refer these acts to definite inherited patterns of the nervous system. The author, I believe, in his attempt to discount some of the philosophic interpretations of instinct, neglects to show the rise of the view represented above—from a biologic source. The conception of innate tendencies has formed a sort of bridge in developing a consistent evolutionary theory. From the tropisms of the lower animals to the complex behavior of the higher animals, some consistent line of development was sought. The development has been from a less to a more plastic organism, the latter capable of diverse kinds of activity according to varying circumstances—even the most hardened instinctivist would admit that. The whole quarrel seems here to be as to whether the acts that we note as common to all members of a species are due to inherited pattern reactions or to the fact that all individuals of any species have the same structure in which the same environmental forces bring out the same reactions. At no place in the book does the author deny the influence of heredity outright. He regards the rôle of hereditary factors as follows: "At the first moment, the structure of an organism is its heredity. The organism, in virtue of the fact that it is an organism, is active, but the form of its activity, which is one of the many possible acts which it performs, is the result of the stimuli that happen to be presented. Its activities are always reactions. Hence its behavior is the result of its structure in relation to its environment. Changes in either affect the results. The organism always faces multiple possibilities of development and activity in the sense that its development would be different were different stimuli presented. To get abnormal development it is only necessary to introduce abnormal factors in the environment." (p. 202.) He overlooks abnormal factors in the structure! "Universality", he states, "is not a sign of an innate tendency, but of similar conditions"—and yet, under the same conditions, the robin builds a nest in one way

and the wren or the jay in quite another. There is certainly a gap here in the line of reasoning.

The second dragon to be slain is "purposive behavior"—teleological determination. Here he is attacking McDougall. He believes that "the wonderfully adaptive behavior of organisms apart from any knowledge of the end that is being reached requires explanation". Moreover, there are so many maladjusted forms in life, and such a variety, that it would seem that a common purpose could not control them all. It is in his attack upon this school that he does away with forces—be they external or "inner" or differentiations of the "*élan vital*"—and makes force the function of the structure.

The book is interesting in many respects. One wishes that it were not so unnecessarily padded. The author could have made his points quite clear in considerably fewer words. His style, however, is clear and easy-going. In view of some of the statements made by him in his eagerness to refute prevalent theories, one would expect a conclusion of a somewhat radical nature, but upon examination it seems innocuous enough. The following statement sums up, briefly, his point of view:

"Behavior should be interpreted not in terms of *forces*, but in terms of the relations the organism sustains to its environment."

The determinants of acts may be listed as follows:

1. The structure of the organism;
2. The present physiological condition of the organism;
3. The experience of the organism;
4. The confronting situation.

Most psychologists would agree on the above as quite obvious, the only difference being that many would include under the heading "structure of the organism" certain preformed connections in the nervous system.

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A HISTORY OF DREAMS; A BRIEF ACCOUNT OF THE EVOLUTION OF DREAM THEORIES, WITH A CHAPTER ON THE DREAM IN LITERATURE.
By A. J. J. Rateliff. Boston: Small, Maynard and Company, 1923. 247 p.

This book apparently is the result of an exhaustive and painstaking study of the literature in existence on the subject of the dream.

In his opening remarks on the characteristics of dreams, the author states: "It is our purpose in this book to see in what manner they have been esteemed and interpreted by barbarian and cultured nations, blacks and whites, now and in the past." We believe that

this purpose has been fulfilled and in an able and thorough manner.

Beginning with man's earliest conception of dreams—a "literal belief; what appears before him in dreams is as real as what appears before him awake, and the people of his dream stand veritably before him"—Mr. Ratcliff proceeds to relate what the dream has meant at different periods in the development of the world, citing the beliefs of the Red Indian, the Dyaks of Borneo, the Romans, the Hebrews, the Greeks, and so forth, bringing us finally down to the present date, with an extensive discussion of the theories of Freud and Jung.

It is interesting to note that even in Pharaoh's time symbolic meaning was read into the images seen in dreams and the custom of maintaining seers about the royal courts arose at this early period.

"Ordinary dreams went unregarded, as with ourselves, but vivid ones, particularly if they occurred more than once, were accredited to supernatural interposition; and it was then that the skill of the interpreter was called in to aid in reading the message."

To the medical profession of to-day it may be of interest to know that the Greeks consulted the diviner as we consult the doctor and "like a doctor he might disagree with the diagnosis of a fellow practitioner".

The ancient practice of dream-procuring or incubation is discussed, and there is a chapter devoted to the development of the special codes of methodized and mechanical interpretation of dreams used by the Arabs and Persians, the dream in this stage of its development being a mere omen.

We finally reach the present era in which, although many theories are advanced, all meet more or less on common ground and hold that dreams are products of the brain, like thought and feeling. This is the scientific, the materialistic age, and the various views of the dream are as numerous, almost, as in the supernatural age.

We come now to a quite clear outline of Freud's theory regarding the unconscious, as well as his conception of the dream as a wish fulfilment. As these theories are so universally known, we do not consider it necessary to discuss them in this brief review.

A chapter is devoted to dream analysis according to Freud and another to the same subject in the light of the theory held by Jung. In closing the latter, the author very aptly says: "And so with dreams considered as wish fulfilments and as nervous compensations, we may draw the narrative to a close: we have reached the most enlightened views yet held on dreams, and those that will, in all likelihood, command the suffrages of the intelligent for many generations to come. In a different way, dreams, so much esteemed and regarded amongst the most primitive of races, are to-day as much esteemed and

regarded by the most civilized of beings. They have come into their own again." The last two chapters, X and XI, have to do with literature as dreams and dreams in literature, respectively. The former points out the general idea that literary works, in the Freudian sense, are wish fulfilments and in the Jungian sense compensatory activities, and "in a manner organic products corresponding to dreams". He therefore concludes: "Literature is colored by the personality of its authors, and that in its turn depends upon the unconscious, and so, in many ways, creative literature may be said to be a product coördinate with dreams, and affording the same relief to the repressed desires of its creators. Like dreams, it is one of the many marvellous pieces of natural mechanism that render life tolerable under the artificial conditions of civilization."

This book is intensely interesting, as it deals with a subject that has, during the past few years, occupied a position of importance, particularly in the fields of psychology and psychiatry. The subject is presented in a strictly non-technical way, so that it can be read with profit and pleasure by the laity as well as by the profession.

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SEX IN PSYCHOANALYSIS. By S. Ferenczi. Authorized translation by Ernest Jones, M.D. Boston: Richard G. Badger, 1923. 338 p.

When first we saw this book announced, we were led to suppose that another volume of Dr. Ferenczi's contributions had been translated into English; and we were indeed much disappointed to find that it is nothing but a reprint of a book which the same publisher placed before the public seven years ago under the title *Contributions to Psychoanalysis* (authorized translation by Dr. Ernest Jones).

We can see no very valid reason for the change in title. The new title is not in the least representative of the contents of the book, but is rather calculated decidedly to deceive the purchaser. Apparently, the only purpose of this innovation on the part of the publisher was to make the hunter of books on the subject of sex more alive to the existence of this volume, a rather contemptible abuse of Ferenczi's honest scientific effort. One can almost forgive the ruse, however, if it will serve to gather a larger reading audience to one of the great classics of psychoanalytic literature.

A comparison of the new book with the original issue shows no material change. There is nothing to indicate that the translation has been revised, or that the book has in any way been reëdited. There is no new note by the translator, nor anything to indicate that either the author or the translator has sanctioned the change in title. The

book has, however, been reset and printed on heavier paper, so that the volume appears much more bulky. One minor change occurs in the table of contents, and there are here and there corrections of slight typographical errors in the original edition.

Few books on psychoanalysis deserve more careful reading than this one. It is an indispensable volume to any one who is acquainted with technical psychoanalysis—in fact, a source book and volume of reference. Himself one of the earliest disciples of Freud, Ferenczi has made perhaps more original contributions to psychoanalysis than any one else, Freud excepted. And in this volume are contained several of the pillars of psychoanalytic theory. The chapter on introjection and transference has been the source of all subsequent understanding of the phenomena of transference, suggestion, and hypnotism. The chapter on the development of the sense of reality is a pioneer work of first magnitude. It is the first step in the study of the ontogenesis of the ego and intellect, and it has since become one of the most valuable corollaries of the theory of narcissism. The articles on homosexuality and paranoia are likewise pioneer works. Ferenczi was among the first to recognize the importance of repressed homosexuality in the psychogenesis of paranoia and to confirm Freud's original conclusions on this subject. The chapters dealing with symbolism are among the clearest and most pithy in the entire literature.

In short, we have here a work of the highest authority which, as a piece of exposition, could hardly be surpassed in clearness and breadth. One of the remarkable characters of the book is that, although some of it was written as early as 1908, its conclusions have never been altered by subsequent research. Of the translation, it can be said that it is authoritative and forceful, though at times unavoidably awkward.

H. W. FRINK.

New York City.

THE UNADJUSTED GIRL. By William I. Thomas. Boston: Little, Brown and Company, 1923. 261 p.

Because of its psychological verity and breadth of social vision the foreword of this book, by Ethel S. Drummer, should become required reading for every person engaged in working with girls. The same breadth of vision is characteristic of the whole book, but psychologists and psychiatrists will undoubtedly raise many questions as to the scientific accuracy of some of the statements that Mr. Thomas sponsors. As early as page 4, we are confronted with the following:

"The human wishes have a great variety of concrete forms, but are capable of the following general classification:

1. The desire for new experience,
2. The desire for security,
3. The desire for response,
4. The desire for recognition."

Upon this fourfold classification, to a large extent, Mr. Thomas bases his interpretation of the many cases that form the major portion of his volume. Yet he makes this classification arbitrarily, with no discussion as to why he prefers it to those that have already been proposed and found useful by other students of human behavior. It might be pertinent to inquire whether indeed a grouping might not be arranged more indicative of fundamental motives; moreover, we have been so generously blessed with categories of this sort in much of our recent literature that one wonders if the addition of another does not confuse rather than clarify the subject.

Mr. Thomas has an interesting habit of playing with the terminology of the psychiatrist. The "constitutional vagabond", while reminiscent of the much-controversied "constitutional inferior" of the psychopathic hospitals, is a diagnostic term still more open to criticism. Again, such a sentence as this: "The so-called 'instinct for workmanship' and the 'creative impulse' are 'sublimations' of the hunting psychosis", makes one wish to inquire whether the "hunting psychosis" is not also so-called. We have, of course, no right to criticize an author for the use of figurative phraseology such as that just quoted if it serves its purpose in putting across his points in a striking and forceful manner. But there are instances when Mr. Thomas' inadequate knowledge of psychiatric problems leads him into error and might also give erroneous impressions to his readers. His discussion, on page 159, of the case of an insane husband is a striking example of this. While we might agree that environmental influences, by increasing the tension to which the unstable nervous system is subjected, do operate to precipitate certain types of mental breakdown, we should seriously question whether so flagrant a case of mental disease as that described could be considered due to environmental circumstances alone. No amount of community pressure in the form of conventions and public opinion will restrain the patient suffering from mental disease, and his conduct will be aberrant and bizarre in accordance with the promptings of his distorted fancies and hallucinations, regardless of the group of which he happens to be a unit.

Having dwelt upon some of the unfortunate features of Mr. Thomas' work, we may admit that it has much material to offer that is both stimulating and instructive. Because of the inclusion of so much case matter, it is somewhat disorganized in structure, but his cases

are so well selected that we can afford to pass over this minor detail. Perhaps the best chapters in the book are III, *The Individualization of Behavior*, and IV, *The Demoralization of Girls*. In both these chapters, Mr. Thomas shows himself keenly cognizant of the insidious changes that have been affecting the *mores*, particularly with reference to the conventions regulating sex behavior. In a presentation of this sort, weighing and evaluating the psychological, social, and economic factors that have united to produce these changes, Mr. Thomas is thoroughly at home and is completely master of his field. His method is most praiseworthy—a simple presentation of facts and interpretations in an impersonal, scientific manner, without any apparent intent to marshal his arguments for the support of either conservatives or radicals, and no indications of any emotional prejudices of his own. Herein he shows those superior qualities of mind that prove him worthy of his task.

Although there are advanced no arguments directly fashioned for his use, the social progressive will find the material of this book more to his liking than will the conservative. The "orthodox" (as Basil King has happily termed him in his contemporaneous serial *The Happy Isles*) is not apt to enjoy a morality that is evident in girls in spite of their unconventionality along lines of sex behavior. Workers with girls need to keep this possibility constantly in mind, so that both for this reason and because it contains so much interesting material, the book is to be highly recommended. One should bear in mind while reading it, however, that it is written from one point of view exclusively—the sociological—and that because it neglects psychological and psychiatric factors, it is not a well-rounded presentation of the problem of the unadjusted girl as its title would lead one to expect.

PHYLLIS BLANCHARD.

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APPLIED PSYCHOLOGY FOR NURSES. By Donald A. Laird. Philadelphia: J. B. Lippincott Company, 1923. 236 p.

This is a distinct addition to the many books relating to psychological problems that has been published within the last few years. It is not only a constructive piece of work, but is so clearly written that it will be of the greatest value to all nurses who are desirous of thoroughly fitting themselves for their work. Professor Laird has given a presentation of the anatomy and physiology of the nervous system that is unusually clear and scientifically correct and yet readable and understandable. The psychological teachings of the

book are those of an exponent of the behavioristic school. The various chapters might be discussed more or less in detail, but all of them are so uniformly good that it is hardly fair to single out any particular one as deserving of special mention. A review naturally tends to be critical, but in this instance the reviewer can see in Professor Laird's presentation no flaws that should be seriously discussed. The whole subject is presented so simply, so logically, and so constructively that no nurse should graduate from a training school who has not read the book, either as a part of her required studies or else as collateral reading. Seldom has the approach to disorders of thinking, feeling, and acting been made so understandable, and to the layman, the nurse, or the general practitioner who reads this work, nervous and mental disorders should no longer seem difficult and dreadful, but rather the natural consequences of a disordered anatomy, physiology, or psychology, to be met and often corrected by the appreciation of normal processes and an insight into the deviations from them. Here we find mental disorder no worse a thing than stomach disorder, and a delusion often no more mysterious a thing than jaundice. The topics for discussion at the ends of the chapters are stimulating and lead one, as they are of course intended to do, to individual thinking. Part IV of the book, which covers mental health, is not only well done, but comes as a logical conclusion of the work and gives the reader a clearer understanding of physiological and psychological disorders than can be gained in almost any other way. This book should be read, not only by the nurse, but by all those who are interested in the harmonious functioning of the whole body. It might, indeed, be a valuable aid to many an individual who either has been a patient, is a prospective patient, or is suffering from an inharmonious functioning of the nervous system.

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SCIENCE AND HUMAN AFFAIRS; FROM THE VIEWPOINT OF BIOLOGY.

By Winterton C. Curtis, Ph.D. New York: Harcourt, Brace, and Company, 1922. 330 p.

This is an excellent book. Dr. Curtis has traced the evolution of science from its earliest beginnings down to the present era. What Wells has done in his *Outline of History* and McDougall in *The Outline of Psychology*, Dr. Curtis has accomplished in the field of biology. But it is more than an outline; it is an absorbing story of man's never-ending search for truth.

In the first portion, after a brief discussion of "the meaning of science to mankind", the author traces the origin and progress of

science through Egyptian, Mesopotamian, Greek, Roman, and Arabian civilizations.

The decline of science, coincident with the dawn of the Christian era, comes in for some discussion as to cause and effect. Dr. Curtis does not place all the blame for the cessation of scientific progress on the Christian religion, but he places the bulk of it there: "It has been widely believed, among those interested in science, that the advent of Christian dogma was mainly responsible for the decline of the ancient spirit of investigation. It is certainly true that the intellectual atmosphere which came into existence during the first centuries of our era and which culminated in the Dark Ages was one in which the rational analysis of natural phenomena became almost an impossibility. But there were many other factors involved. . . . In correlation with this changing point of view we find: philosophy becoming a part of religion, and hence intolerant of changes in the established system; salvation, in another world, coming to be regarded as the chief end of man; the second coming of Christ and the end of the world being expected at any time, and hence a failing interest in the visible universe. . . . Thus it appears that early Christian theology was antagonistic to scientific thought and knowledge, and, while not the sole cause of the decline of science, helped to bring about an age of ignorance." The church is nevertheless entitled to a spark of credit, for "knowledge of the ancient world descended in manuscripts that were preserved by the church, though not widely known until the Revival of Learning".

Next comes a most absorbing account of the emergence of modern science, with an accompanying table, in chronological order, of the men and factors chiefly responsible for the rebirth of scientific investigation.

The second portion of the book describes biological science in the modern period, during which the theory of organic evolution and the cell doctrine were the storm centers for most of the scientific thought and investigation. Heredity and bacteriology are discussed as offsprings of these two theories.

One of the most interesting chapters—*Current Problems and Methods of Zoölogical Science*—outlines the development and recent progress in such fields as embryology, fertilization, regeneration, sex determination, animal behavior, and natural history.

In the third portion, the author turns philosopher and applies his scientific lever to the solution of social problems. Accepting the dictum of Carlyle, Spencer, and others that "the end toward which civilization has blindly directed its main effort is *the elevation and expansion of the individual*", the author points out the importance

of improving man's material environment to that end. "Scientific knowledge is the means to control of the physical environment; proper physical environment is prerequisite to a proper social environment among men; and the level of any society is an immediate function of the material, and hence the social, conditions that exist. In a savage society, living without safe and permanent means of subsistence, the higher forms of relationship between individuals are nonexistent. Aspiration cannot exceed the cultural level. In a modern community, where decent material conditions are denied to any large class of the population, and where, as a result, social conditions are at their worst, it is idle to expect a flowering of nobler aspirations. If these aspirations are thus related to material conditions, which are dependent upon scientific knowledge, the basic importance of science in the solution of social problems must be acknowledged."

Books of this sort are too infrequent. Dr. Curtis has presented the cause of science in a manner so simple as to be well within reach of the average reader, and his appeal is so dispassionate as to insure conviction. The book could be longer—the reviewer wishes it were—and it is evident from the copious footnotes, which, by the way, are well worth reading, that it was no easy task to get all the material into three hundred and nineteen pages.

Any praise that could be offered Dr. Curtis would be inadequate; his book should have a wide reading.

HARRY N. KERNS.

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SEX AND THE SENSES. By James S. Van Teslaar, M.D. Boston: Richard G. Badger, 1922. 377 p.

This is another addition to the flood of books of recent years that purport to popularize sex knowledge, presumably in the light of the psychoanalytic theory. Judging from the title, its specific aim is to indicate the erotic component in the function of the senses.

Every sense organ not only subserves the mechanistic principle of merely responding to external stimuli, but is also the source of a gratification that in a large measure represents the motive or incentive for the exercise of the organ. The skin feels, the eye sees, the ear hears, and so forth, not only because of the respective excitants of the outer world, as a machine or an automaton would, but essentially because of an inherent craving or drive within, which constitutes the subjective quality of the organ. Every organ in particular and every organism as a whole, immersed as it is in an ocean of stimuli, reacts to them not blindly and wholly determined by a balance of physical forces, but also by an inherent capacity for selection. This selection

is responsible for the fact that the organism remains impervious to a large number of stimuli, avoids others as painful, and seeks only those that are pleasurable. Organ activity, then, means more than merely mechanistic function; it is also pleasure seeking and pleasure getting.

This stressing of the internal factor in the life process as against the exclusiveness of the external factor, constituting the psychobiologic point of view, is the fundamental position taken by the new psychology. Man, individual or collective, morbid or normal, growing or mature, is viewed not only as a collection of cells, tissues, and organs engendered by physico-chemical principles, but rather as an aggregate of cravings that avail themselves of these principles in order to consummate certain purposes.

The physiology of to-day, which is essentially applied chemistry and physics, loses sight of this phase of the living process. This is primarily responsible for the gulf that exists between the mechanistic laboratory results, on the one hand, and the complex phenomena of man's willing, thinking, and doing on the other.

An attempt, then, aiming in the direction of a fuller formulation of the life process should be greeted as a welcome amplification of contemporaneous physiology of the senses. It would readily demonstrate the possibility of the service that psychology is in a position to render to physiology.

Such was the anticipation on the part of the reviewer when he began the reading of *Sex and the Senses*. From start to finish one carries off the refreshing impression of a facile and lucid style. Whatever is stated is stated clearly. The psychological approach is maintained consistently throughout, also the genetic point of view. The author displays facility in applying biologic formulations. In an engaging way—although he is not original as to content—he develops the thought that the tactile sense of unicellular organisms is the matrix of all sensations. It is the surface tension of the cell, tactual experience, that mediates between self-preservation (nutrition and avoidance of danger) and procreation (fission). The close coexistence of these aspects of the life activities in the primordial being has its analogue in the intimacy between the ego instincts and the sex instincts observable in man. In every function there is a pleasure value, but the tactual sense is preëminently the instrument that registers the erotic experience. The very sex act is an act of touching. The functions derived from the primeval prehensile activity, such as ingestion of food and drink, are for the reason of their evolutionary origin endowed with a considerable erotic component. On the level of ideation in man, the tactual sense still continues its

sway, as seen from the fact that degrees of reality are best expressed in terms of solidity. That is most real which can be touched or grasped. Such expressions as "Striving to reach an ideal, one is touched by an event", illustrate the symbolic representation of the tactile sense in language. On the other hand, such expressions as "fusion of two souls", "to become one with one's beloved", demonstrate the closeness of association of tactual and erotic elements even on the level of abstract ideas. The significance of the tactual feature in ideation the author correlates with the ectoblastic origin of the brain tissue. What is brain now was at dawn of evolution the tactual surface of the unicellular organism.

Most of the first part of the book is devoted to these interesting applications of biological data to the nature of activity of sense organs. What follows is rather disappointing. The middle third of the book is given over to the discussion of masturbation, which the author confounds with auto-erotism, of which it is only a form. Obviously he has not availed himself of the contributions of the Freudian school during the last decade to the subjects of narcissism, the development of the ego, the origin of perversions, the social aspects of the erotic striving, all of which are indispensable for a psychoanalytic consideration of sex, even in the specific aspect, as the title of this book implies. Of special interest is the fact that the basic psychoanalytic concept of the unconscious is not utilized directly, but rather by way of a dim implication. Transference, fixation, regression are found to be indicated in the material quoted, but no methodological use is made of them. The result is that this part of the book appears to be poorly organized, somewhat out of date, and in portions decidedly incorrect (overlooking the adult and normal forms of narcissism so indispensable for stability of character). In view of the fact that throughout the book the author refers to Stekel time and again, one could perhaps account for the shortcomings mentioned by the fact that the author is apparently under the spell of this prolific writer, whose ample journalistic qualities hardly compensate for his lack of scientific precision and clarity of formulation.

The last third of the book is taken up with the senses of taste, smell, hearing, and vision, which are treated in the way usual in popularizations of sex knowledge.

The book is a credit to the author's facility of style and general erudition, but can hardly be regarded as a contribution either to sexology or to psychoanalysis, although written ostensibly from the point of view of a psychoanalyst. The real work on "sex and the senses" is yet to come.

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PRINCIPLES OF SOCIAL PSYCHOLOGY. By J. M. Williams, B.D., Ph.D.
New York: Alfred A. Knopf, 1922. 459 p.

Nothing more clearly illustrates the complexity of social life and the task undertaken by social psychology than the ease with which human behavior can be interpreted from the standpoint of any of the fundamental impulsive reactions. Freud and sex, Adler and will-to-power, Rivers and fear, furnish a central pivot for the interpretation of social conduct. In his *Principles of Social Psychology*, Williams chooses to make the pugnacious attitude basic, and, building upon conflict as the fundamental element in human behavior, he constructs a suggestive and original study. It is of course easy to criticize his choice and to point out that pugnacity is not the only human reaction to social stimuli. In the same way, the Freudian and Adlerian psychology can be accused of exaggeration.

The fact remains that pioneering investigations of social behavior can hardly escape excessive emphasis upon one of the many motivating impulses that show themselves in social activity. In justice to the author, it also should be noticed that in undertaking his task of analyzing conflict as it appears throughout the social organization, he does not claim for it a monopoly of social influence, and he does not fail to bring other impulses within the domain of conflict. With whichever of the impulses—hunger, fear, sex, self-assertion, or pugnacity—one starts serious analysis, it soon becomes necessary to incorporate all the others as subordinate elements, and thus the interwoven relationship as well as the complexity of human impulses becomes clear.

The author doubtless expects the book to appear controversial and so it will. It bears upon its pages the atmosphere of conflict and no thoughtful reader can help balking at times at some of the conclusions. The book is near to life and has the marks of observations gathered from experience in American town life. It cannot claim to represent the deepest, universal level of human reaction. It is Occidental and American. It is largely descriptive, and here and there more satisfactory explanations of the phenomena recorded could be given by greater use of the psychological mechanisms that are now catalogued under "the new psychology". Social psychology is defined as the science of the motives of people living in social relations. The author rightly insists that these motives can finally be known only by analysis of the motives of the individual members of society.

The whole book revolves about the idea of conflict. This conflict is considered in its economic, political, professional, family, cultural, and educational relations. The last main discussion treats the social reactions due to suppressed impulses and will surely impress any

reader who has the wit to appreciate the practical meaning of what the author says. The book is rich in applications such as the following: "Social progress has been slow because those who have the sympathy and intelligence for this very reason usually lack power of action. Because the sympathetic is so opposed to the aggressive dispositions, those who are especially gifted in sympathy and its intellectual manifestations shrink from action. They retreat within themselves and seek satisfaction through their own affective associations of ideas. Sharply distinguished from this contemplative idealist is the critical and fighting idealist. He does not shrink from the unpleasant revelations made by scientific investigation of social conditions. He does not lay down the book and seek to escape the unpleasantness of plain facts by not believing them. Mere intellect is weak unless supported by a vigorous resistful disposition. The intellect of the idealist is one capable of forming convictions. He is not afraid to face the facts, but he demands facts as the basis of his convictions. He would create a new social order, not out of his head, but out of the old. And in this use of the old in the creation of the new, he finds that his own personality experiences an all-round development that neither worldliness on the one hand nor contemplative idealism on the other makes possible. Whatever the social influence and effect of his ideas and efforts, his own personal development shows the possibilities of human progress."

The discussion on public education is particularly thought-compelling, especially in its portrayal of the weakness of rivalry as an educational motive. In college-faculty discussions a listener sometimes gets the impression that there is no other motive that can produce *scholarship*. This gives the flavor of his comment: "The appeal to the rivalrous disposition does not encourage—it discourages—the action of the intellectual disposition. Marks and prizes accustom the pupils to expect, for assiduity in their studies, satisfaction other than that of the intellectual impulses, and discourage work for the intellectual satisfaction of doing the work 'right'. A student who has been trained to work under the stimulus of rivalry will be apt to continue dependent on that stimulus and to fail in work in which there is no satisfaction to be got except that of doing it right. Therefore, tasks in school or college should not be such as to arouse no interest in themselves, so that students have to be aroused by stimulating rivalry. They should be such as to stimulate the intellectual impulses, so that the task will be done as nearly perfectly as possible for perfection's sake."

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THE STORY OF MAN'S MIND. By George Humphrey. Boston: Small, Maynard, and Company, 1923. 302 p.

"The psychology of business, home, and school, with its thousand uses and applications explained for every one"—rather a large order to cover in three hundred pages, but Professor Humphrey succeeds in producing a very readable introduction to the study of psychology. Unfortunately the "popular" style that the author adopts is carried to a rather tiresome extreme.

After explaining the why and wherefore of certain animal organisms, from the amoeba to the dog, Professor Humphrey "rings up the curtain for the baby". The reader is then given an orthodox account of infantile reaction patterns and is led from a description of these purely instinctive reactions to those of the adult which employ reason. The book is illustrated, so that the reader may utilize the various psychological tests described by the author.

The bulk of the book is concerned with more or less specific reactions, and here the author succeeds admirably. His concise exposition of man's mental and physical endowments, the action of the brain and nervous system under various stimuli, and so forth, are accurate and easily understood. But on reaching the more subtle "why" of man's emotions, Professor Humphrey gives the impression of floundering. He is more skillful at determining reflexes than at comprehending the psyche, or, rather, he makes the grave error of trying to explain emotional life in the language of knee jerks.

Professor Humphrey has a distinct leaning toward suggestion as a therapeutic agent, and he describes several cases in which such therapy was employed by him. These may prove impressive to the lay reader, but those who have more than a casual knowledge of mental therapy will find them inconclusive.

Prayer is discussed from the standpoint of suggestion. The author considers prayer invaluable because of its suggestive powers, and adds: "Who will then dare not to insist that his children say their prayers? And may not the decay of the prayer habit be in part at least the cause of that decay of morals which many think they see around them to-day? Certainly a world that said each night the 'Our Father' would be in spite of itself a better world than this is." A strange statement from the pen of a psychologist!

Needless to say, Professor Humphrey is not a Freudian. However, he claims a limited sympathy with the new psychology and then voices sentiments that would cause even an unorthodox Freudian to shudder. This may be illustrated by his advice to parents on the rearing of children. He bids them follow the stern example of Nature, who inflicts pain when we defy her laws: "It is often asked whether

corporal punishment is justified. There is only one answer to this from the point of view of psychology. Nature's way of saying 'hands off' is by discomfort."

In his account of psychoanalysis, Professor Humphrey tries to condense so much material into a few pages that he produces hash. He gives the reader a superficial and rather tawdry description of the subject, laying much stress on sensational dream interpretation and neglecting such basic principles as that of the infantile sexuality and the "family romance".

After all, *The Story of Man's Mind* is not a book that will be taken seriously enough to exert any profound influence for good or ill. He who runs may read, but in all probability he will not be greatly impressed. If the book serves to whet the curiosity of those uninitiated in psychological booklore, so that they will seek a more substantial mental diet in that department, it will have reached its ultimate goal. Apparently this was Professor Humphrey's intention.

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INTELLIGENCE MEASUREMENTS: A PSYCHOLOGICAL AND STATISTICAL STUDY BASED UPON THE BLOCK-DESIGN TESTS. By S. C. Kohs. New York: The Macmillan Company, 1923. 312 p.

This book combines a discussion of the definition of intelligence, a critique of statistical methods, a presentation of a new non-language test, and general observations on a variety of problems related to intelligence measurement. The psychology of analysis and synthesis is the principal argument, and in a way provides some unity to the various problems that are considered.

The current definitions of intelligence are criticized. It is necessary to get back to something more fundamental than definitions in terms of "adaptation to new situations". "Our definitions should certainly be better than in terms of use." Moreover, the definition of intelligence as adaptation breaks down in the highest type of intellectual functioning, such as the propounding of a theory of heredity, of a periodic law, and the like. To define it according to Ebbinghaus as the ability "to combine" omits the analytic element. The author believes it would be more adequately defined as the "ability of an individual to analyze and synthesize".

This definition is arrived at after a careful "orientation" in the philosophical, psychological, and neurological fields. The philosophers, it appears, "have already blazed a somewhat ambiguous trail". Throughout psychological literature, the importance of these two factors is recognized. "Intelligent acts of all sorts require both an

analysis of the situation which confronts one, a critical inquiry into methods of solving the problem, and a final synthesizing of details into a consistent whole." This is a new and stimulating approach to the definition of intelligence. The objections that are offered to the older definition are not, however, entirely remedied. To define intelligence as the ability of an individual to analyze and synthesize is as much in terms of use as to define it as the capacity to adapt to new situations. The criticism that the "adaptation" definition does not meet such operations as are involved in the propounding of theories is unjust. There are three important elements in this definition—namely, adaptation, conscious adjustment, and novel situations.¹ The criticism does not regard the two last elements. The three elements cover the situation.

The block-design tests ideally utilize the factors of analysis and synthesis. The test material consists of sixteen "color cubes" which may be secured at any large department store. These may be put together to build designs that may either be simple or very difficult. The author has standardized procedure and presents norms for seventeen designs. They include measurements of mental ages from five to nineteen years. Thirty minutes are required on the average for administration.

The statistical material is admirably presented. The author first discusses the methods of standardization generally employed and gives an excellent criticism. An entire chapter is well devoted to this. The standardization of the block-design tests includes a year scale such as the Binet and a point scale derived by a "linear projection method". All data from which conclusions are made are fully presented in many tables and graphs. The norms are based on 367 cases, of which 292 were public-school children and 75 were cases from institutions for the feeble-minded. Though a standardization with more cases might be desirable, the selection of cases is excellent and the work has been so carefully done that this objection is largely overcome. The validity of the tests is based upon ten criteria which are very comprehensive. The correlation between the Binet and block-design mental ages yields a coefficient of .82 for all cases; for the public-school cases the correlation is .81 and for the feeble-minded it is .67. Between life age and block design the correlation is .66. The tests correlate well with Binet vocabulary and Trabue language-completion tests.

All of the correlations are made on the basis of the complete ranges

¹ Stern's definition of intelligence as translated by Whipple is: "Intelligence is a general capacity of an individual consciously to adjust his thinking to new requirements; it is general mental adaptability to new problems and new conditions of life."

of intelligence and age. Correlations of smaller ranges would be valuable. There appears to be some tendency for children whose Binet I.Q.'s are below 80 to rate somewhat lower on the block-design tests. This is somewhat unusual for a performance test.

The value of the tests lies particularly in their almost complete independence of the language factor and education. They will be welcomed by many who have been waiting for a well-standardized non-language test that will measure the entire range. "The results indicate that the block designs are as good as any single test in the Binet, as good as the Trabue language-completion tests, or any other similar single type test, whether involving the use of language or whether mere performance."

In a chapter entitled *Supplemental Observations*, various problems of intelligence testing are discussed. The author inclines to the sixteen-year standard for average mental age. The results of the intelligence examinations obtained in the draft army are severely criticized. The selection of cases and methods of examining are the principal grounds of objection. The drawing of comparisons between the intelligence of prisoners and of the draft army is forbidden. Recent investigations show that men in prisons are not markedly inferior in intelligence to the men in the draft army. The author quotes at length six authorities to prove that the principal problem in delinquency is mental deficiency. These authorities antedate the investigations.

The constancy of the rate of intelligence development is discussed and the use of logarithmically spaced cross-section paper is suggested to replace the equally spaced cross section in making graphic representations of the I.Q. curves.

In the appendices, the author presents statistical material to determine three-, five-, seven-, and nine-point distributions, a modification of the Pearson formula of the coefficient of correlation and an elaboration of Sheppard's tables for probable error.

E. K. WICKMAN.

The National Committee for Mental Hygiene, Child Guidance Clinic No. 2.

REPORT OF A STUDY OF THE INTERRELATION OF THE WORK OF NATIONAL SOCIAL AGENCIES IN FOURTEEN AMERICAN COMMUNITIES. By Porter R. Lee, Walter W. Pettit, and Jane M. Hoey. New York: National Information Bureau, 1923. 157 p.

This is a report of a study undertaken by the National Information Bureau at the request of a group of national social agencies which met in Washington in April, 1921, for the purpose of discussing the

relationships between national and local social-work organizations. The resolution passed at this conference called for a "study of the work of national agencies in several communities" and an effort to "determine the facts as to the interrelation of the work of national agencies in those communities". The scope of the study was outlined by a general committee elected at the conference to continue its work after adjournment. This committee chose fourteen communities with the following considerations in mind: geographical and size distribution, proportion between cities that have and those have not community chests, the number of national organizations having local contacts in each, and such other considerations as would conduce to the selection of a fairly representative group of American communities. The study was conducted by a staff headed by Porter R. Lee and Walter W. Pettit of the New York School of Social Work.

The great expansion of social-work activities in the United States in recent years undoubtedly made such a study most timely, and while it was not intended to represent a comprehensive survey of the field of social work, the ground covered by the staff has been sufficiently extensive to disclose an amount of new knowledge and information that cannot fail to be profitable to national organizations and local agencies alike. It is interesting to note that of 46 national agencies encountered in the communities studied, 12 were organized prior to 1900, 21 between 1900 and 1917 (the year of the war), and 13 since. No attempt was made to evaluate the work done by these agencies in the fourteen communities concerned, or to study all the social work done in those communities. The object of the study, as expressed by the staff that made it, was simply to secure a picture, as accurate as their limitations of time and expense would allow, of the situation in a number of different American communities with regard to their relations to the national social-work agencies operating within them. It may be described even more specifically as an effort to interpret the feelings of local communities and their social agencies toward the national organizations.

As might be expected, the staff reports many problems. Among the outstanding factors that determine the relationships between the national and local agencies may be mentioned organization, administration, service, personnel, and finance. These were given careful attention from the standpoint of national as well as local agencies. One of the significant observations—an observation that is constantly recurring—is that which refers to "the development of a general attitude in local communities towards national organizations". This is what the staff has to say about it: "Local communities are developing the beginnings of a general attitude towards national organiza-

tions. This is wholly apart from the attitude of a particular local agency towards the national organization in its field. This more general attitude involves a point of view towards all national organizations shared by a growing number of persons. It is revealed in a certain tendency to ascribe to them certain characteristics, to credit them with certain benefits, and to charge them with certain shortcomings which in some centers of local opinion are thought to be true of the whole group of national agencies." This tendency is ascribed by the staff to a number of different circumstances. "The establishment of thirty-four such organizations since 1900 has meant for local communities thirty-four new relationships. The number of persons in the local community appealed to for support at the time of organizing a new movement is usually limited, and through this relatively small group most of these newer nationals have made their introduction to the local communities. Certain similarities in the approach of national agencies to the local community, certain similarities in the type of support and interest asked for, in the method of organization, and the like, have probably been in part responsible for the growing up of a community feeling about national organizations as a group." The tendency has been especially developed in cities that maintain community chests. These chests consider requests for appropriations from national organizations collectively and the discussions are naturally in terms of what the local community should contribute to the whole group of national agencies interested in the community. This leads to a certain merging in the thought of budget officials of the interests of such agencies. The staff points out that the importance of this developing attitude lies in the fact that in certain respects the success or the failure of one national organization affects the prestige of all. This has an obvious bearing, for instance, upon the success of national organizations which derive their support through local contributions. When a chest does not succeed in raising its total budget, contributions to national headquarters are likely to suffer first. In a situation of this kind national organizations tend to stand or fall together because a chest under these circumstances is not likely to differentiate between them.

The problem of finances apparently exerts a greater influence upon the status of the relations between national and local social-work agencies than any other single factor. The rapid extension of the community-chest movement has raised problems for national organizations which have altered their relationships to local agencies and are likely to have far-reaching effects on the general status of social work in the United States. Certainly it is changing the methods of organization in social work in all communities in which the idea of

centralized finance has been adopted. A logical outcome has been the development of a community consciousness with reference to social work that is now regarding the needs of the community as a whole and is subordinating specific interests in special fields of social work to a common interest in the general social-work requirements of the community. This tends to emphasize the spirit of local-mindedness at the expense of the national organizations. As a result, there is more thinking about national agencies as a group in those communities than is true of national social agencies themselves. The national executive approaches the local situation with a national point of view, restricted, however, to his particular field, while the local executive is being forced to think of his work in the light of the general community situation. There is undoubtedly much to be said on both sides of this question. The report does not attempt, however, to deal with the problem of financial relations between locals and nationals beyond defining it and urging a more comprehensive study of the problem.

The staff reports that it found every possible variety of attitude towards national organizations, from complete ignorance of their existence to a cordial recognition of their value. In general they found a belief in the value of national organizations, especially in their extension work. On the whole, however, the findings of the staff cannot be considered very flattering to the nationals. Complaints are made by the locals toward the nationals ranging from dissatisfaction with the personalities of certain field workers and the feeling that there are too many national organizations to the conviction that there are fields of social work that are entirely neglected by them. On the other hand, there are criticisms by the nationals of such factors in the local situation as self-sufficiency, a parochial point of view, and an exaggerated sense of home rule. The locals look upon the nationals as service organizations existing solely for the benefit of the former, while the nationals feel that the locals must learn to look beyond the immediate needs of their community and consider the progress of the national movement as a whole. Among the inadequacies of service reported by the locals the staff mentions the great need for expert advice in such matters as building planning and construction, especially where local programs call for particular types of buildings.

The community attitude is again seen in the requests made of national field representatives for advice on inter-agency relationships within the community. The establishment of councils of social agencies and community chests in many of the communities makes the organization of interrelationships a vital question. This illustrates one of the most difficult problems of field service and the wide range of authoritative information which a field worker must have, not only

concerning his own field, but with reference to the services available for other national agencies. Against this deficiency on the part of national staffs is set the failure of local agencies to appreciate the educational aspects of their work and the general lack of training among local executives for such activities as, for example, publicity work. National executives deplore the diffidence of locals toward this vitally important measure for the education of public opinion. This attitude is reflected in the way national programs are regarded by local executives in "chest" cities. They indicate a willingness to have the programs of local and national work presented periodically in the public prints, but these are invariably linked up with emotional appeals. While this method brings in returns in funds, it is not considered adequate by the national agency for the education of the community in the fundamental principles upon which the real progress of social agencies is based. In general, local executives do not consider themselves part of the national movement. The national movement to them consists in the contact effected with the local organization and the leadership exercised by the national headquarters, rather than the expression of a new idea for nation-wide social betterment. The interpretation of existing relationships between the national organizations and the fourteen communities that came under the purview of the staff may be epitomized in the words of the staff as follows: "There is no general community interest on the part of national organizations. The purposes and services of national organizations are in local thinking being merged into a general community conception which considers its relationship to national organizations as a more or less unified thing and this consciousness in the local community is proceeding much more rapidly than any similar consciousness of their common stake in local communities on the part of national organizations themselves."

The staff makes clear at the outset that it has refrained as far as possible from any critical evaluation or comment of its own upon the conditions studied and has tried to limit its observations entirely to an interpretation of feelings, facts, and situations as it found them. The reviewer wonders, however, whether more attention should not have been given to the state and regional agencies which act as intermediaries between the national and local organizations in some of the fields covered by this study. May they not represent modifying factors in any attempt to place the responsibility for the attitudes of locals toward nationals? There seems to be this weakness in a report which defines these attitudes and relationships without reference to the part played by intermediate organizations.

Appendices to the report present a directory of the various national

organizations included in the study, together with their local affiliations, lists of the cities studied which have community chests and councils of social agencies, and other interesting information regarding the national agencies.

PAUL O. KOMORA.

The National Committee for Mental Hygiene.

THE BIOLOGY OF DEATH. By Raymond Pearl. Philadelphia: J. B. Lippincott Company, 1922. 275 p.

This fascinating book has given rise to much controversy. In one rather unhappy chapter the author manifests some doubt as to the efficacy of health work and makes some ill-chosen comparisons of the decline in the death rate from diseases supposed to be influenced by health activities and from others not subject to such influence. The two groups of diseases selected were, respectively: A, tuberculosis of the lungs, typhoid fever, diphtheria and croup, dysentery; B, bronchitis, paralysis without specific cause, purulent infection and septicaemia, softening of the brain. Comparisons are made by plotting logarithmic curves of the death rates from each of these diseases reported in the United States registration area from 1900 to 1918. The author concludes that the rate of decline is just as significant in the one group as in the other.

To make the case against health work stronger, the author compares the course of mortality from 1898 to 1912 in certain countries supposed to occupy an advanced position with respect to health work with that in certain other countries thought to be backward and undeveloped in such activities. He places in the former group Australia, Austria, England and Wales, and Germany, and in the latter group Italy, Jamaica, and Roumania. Then, with the use of logarithmic curves, he shows that the decline in death rates has been similar in the two groups of countries.

The futility of such comparisons is evident to any one familiar with the reporting of vital statistics in this country and in Jamaica and Roumania, and naturally this part of the book has not gone unchallenged. Dr. Louis I. Dublin, in the *Survey* of May 15, 1923, takes the side of health agencies and shows that Dr. Pearl's apparent proof is in reality very flimsy and unreliable evidence. Although Dr. Pearl answers Dr. Dublin in a later issue of the *Survey* (July 15), we believe that most of the points raised by Dr. Dublin are well taken.

This unfortunate chapter should not condemn a book that is written in such a charming style and has so much to be commended.

In the opening chapter, the author raises two questions—namely, "Why do living things die?" and "Why do living things die when

they do!" In answer to the first question, after a review of experimental and other evidence, the author concludes that life itself is inherently continuous. Single-celled organisms under favorable conditions are immortal. In many-celled organisms death necessarily occurs only in such somata as have lost, through differentiation and specialization of functioning, power of reproducing each part if it, for any accidental reason, breaks down or is injured. Somatic death results from an organic disharmony of the whole organism initiated by the failure of some organ or part to continue in its normal harmonious functioning in the entire differentiated and mutually dependent system. In answer to the second question, the author holds that the time at which natural death of the soma occurs is determined by the combined action of heredity and environment. For each organism there is a specific longevity determined by its constitution.

In Chapter 2 the author discusses the conditions of cellular immortality and reviews the work of Loeb, Lillie, and others, and leads up to the generalization that all the essential tissues of the metazoan body are potentially immortal. The death of such a body occurs fundamentally because of the way in which the cells and tissues are organized into a mutually dependent system.

Statistical discussions of the chances of death are given in Chapter 3, and comparisons are drawn between early life tables and Glover's table for the population of the United States registration area in 1910. After pointing out that gains in expectation of life in recent years apply principally to the early age periods and quoting the researches of Macdonell and Pearson as evidence thereof, the author remarks in a footnote: "No absolute reliance can, of course, be put into Macdonell's or Pearson's curves. Besides laboring under the serious actuarial difficulty of being expectations calculated from a knowledge of deaths alone, the randomness of the sampling, even on that basis, is extremely doubtful." The whole chapter is rather misleading, as the uncritical reader is likely to believe that all of the data submitted are equally valid.

The causes of death are discussed in detail in Chapter 4. Here, again, the mathematical treatment is much better than the original data.

The most interesting part of the book and the part on which the author lays greatest stress is the discussion of the inheritance of duration of life in man. Here, again, the author uses some questionable material and draws some conclusions that seem unwarranted. For example, on page 161, he asks the question "By how much more would the expectation of life be extended if all reasonably preventable deaths were prevented?" To answer this question he uses some data

collected by Professor Irving Fisher "some years ago" by sending a list of ninety diseases to a group of the most prominent medical authorities in this country and asking them to designate what percentage of the deaths due to each disease they considered preventable. The results of this inquiry, the author states, were tabulated in an extremely conservative manner and the figures were used in computing expectations of life based on the two assumptions that deaths were and were not prevented according to the estimates. From these calculations it was found that the total increase in expectation of life which would result if Fisher's ratios of preventability were fully realized is *just under thirteen years*. Then the author compares this result with the results found in the analysis of Alexander Graham Bell's studies of the Hyde family, and states: "No more striking demonstration could be found of the overwhelming importance of heredity in determining duration of life. For if all the deaths that reason will justify one in supposing preventable on the basis of what is now known were prevented in fact, the resulting increase in expectation of life falls seven years short of what might reasonably be expected to follow the selection of only one generation of ancestry (the parental) for longevity."

In discussing studies which apparently show the lessening of the duration of life by unfavorable environment, the author is much more critical in accepting the work of others. If the same critical attitude had been used throughout the work, the conclusions would have more significance.

It should be pointed out that the author is not opposed to health work and he praises the results accomplished by the International Health Board of the Rockefeller Foundation.

In the final chapter the author discusses the population problem and works out curves to show the growth of the population in various countries. The curve for the United States shows that the maximum population will be 197,274,000, and that this figure will be reached in about the year 2100. The food requirements of the population at that time will be much greater than the present production of food in this country, and it seems unlikely to the author that great increases in production will occur. He concludes that for every point the death rate is lowered the problem of population is made more difficult unless there is a decrease in the birth rate.

Although it has appeared justifiable to discount some of the conclusions arrived at by the author, the book is one of unusual interest and is worthy of careful reading by every one interested in the problems of life and death.

New York State Hospital Commission.

HORATIO M. POLLOCK.

FUNCTIONAL NERVOUS DISORDERS: THEIR CLASSIFICATION AND TREATMENT. By Donald E. Core, M.D., M.R.C.P. New York: William Wood and Company, 1922. 350 p.

Classification upon classification upon classification! Thus may be epitomized the author's treatment of functional nervous disease.

A whole, however complex, must be the sum total of all its parts, but by the time such a whole as the psychoneuroses has been reduced to its ultimate fragments, the average clinical mind is too exhausted to follow any attempt at reconstruction. Once taken to pieces, those composites of motives, feelings, and behavior that make up functional nervous disease cannot be put together again. One is unable to see the wood on account of the trees.

Core has incorporated in his system the main divisions of the old faculty psychology, supplemented by various principles of modern social psychology and the behavioristic school. Over the top he has sprinkled a little psychoanalysis. Biological concepts are freely interjected. Verbally, his major formulation is fairly simple. Man differs from the non-human animals in the development of emotional control. Defective emotional control is the main feature of the psychoneuroses. From the standpoint of evolution, there is a hierarchy of psychical activity representing degrees of emotional control and consisting, in an ascending scale, of "the non-human organism, the human idiot, the human infant, the hysterical adolescent, and the normal man". Functional nervous disorders "are the expression of abnormally controlled emotional reactions, determined and adjusted by environment and not by any gross or demonstrable pathological lesion". Core continues: "It is obvious from the terms of this definition that the factors of importance in the genesis of the functional nervous disorders are the emotions, their reactions on the body and intellectual activities, and the environment."

The classification of these disorders that the author has found useful in clinical practice is as follows:

"A. Regressive.

Hysteria.

1. Symptoms arising in the atmosphere of a reerudesced emotional tone and associated with behavior determined in the atmosphere of an analogous emotional tone in early life, characterized by an abnormal absence of control: *Primary hysteria.*
2. Symptoms arising in an atmosphere associated with discomfort in the broadest sense in any part of the body: *Secondary hysteria.*
3. Symptoms arising in the atmosphere of expectation:
 - a. Of discomfort in any part of the body;

- b. Of symptoms or abnormal behavior generally, determined at inception by any of the preceding mechanisms: *Tertiary hysteria*.

"(*The Hyperthymic State*. This, as mentioned above, does not in itself constitute a functional nervous disorder; but it requires consideration on account of its influence upon certain of these disabilities. According as to whether the individual has never acquired emotional control in normal intensity, or has at one time acquired such control, the hyperthymic state may be referred to as *primary* or *secondary* respectively.

"There is no standard of hyperthymia; it may be defined as the condition of any individual whose degree of emotional control is less than the normal for the community in which he lives.)

"*B. Progressive.*

The sympathetic functional nervous disorders.

1. Symptoms arising in the atmosphere of an emotional tone, the appropriate conative aspect of which is prevented from developing: The *instinct-distortion neuroses* or *dysthymias*.
 - a. *Confusional* or '*centrifugal*' dysthymia.
 - b. *Introspective* or '*centripetal*' dysthymia.
2. Symptoms arising in the atmosphere of dread:

The *memory- or mnemo-neuroses*.

 - a. The elements of the dread are 'logical'; readily understandable by the patient and the generality of mankind: The *ordinary form of the memory-neurosis*.
 - b. 'Illogical' dread, the elements of which are entirely incomprehensible to the patient: The *obsessive form of the memory-neurosis*."

Much of this outline is to a degree self-explanatory. Certain phases, such as "centrifugal" and "centripetal" dysthymia, will bear more elucidation than can be given here.

Two paragraphs from the summary of the mnemo-neuroses on page 254 illustrate the author's point of view and his involved method of presentation. Discussing simple or direct mnemo-neuroses, he writes: "The element of dread is dependent on conscious memory and is comprehensible to the patient and to the environment. The resulting symptomatology falls into two groups, a primary and a secondary. The primary stage is characterized by the incidence of pain which is of vascular origin and which is associated with localized arterial asthenia and irritability. The pain is determined by direct irritation of the periarterial sympathetic nerve plexus and, in certain cases in addition, by the anatomical relations of certain arteries and nerves of spinal origin. The site of incidence of the pain is associated with the persistence in consciousness of specific regions of the body in an atmosphere of dread and worry; its occurrence is accompanied with a blood-pressure that tends to be raised above the normal."

The obsessive or indirect mnemo-neuroses he describes as "associated with the occurrence of incidents in the environment of deter-

mination which were completely registered in memory at the time, and upon which registration the element of dread was subsequently superimposed. The superimposition, to be effective in this way, must have been at a short interval of time after the registration of the incident in memory. The condition then becomes one of relative or secondary inattention as far as the incident is concerned. The memories of such incidents are thereby rendered inaccessible to the patient, being isolated by secondary associational disposition activated in the atmosphere of a centrifugal emotional tone at the time of the superimposition of the dread. Any state of fear or dread is capable of reactivating these dispositions; the reactivation of them by the specific elements to which they are directed excites a centrifugal emotional tone."

No illustrative cases are furnished to mitigate the tedium of the reader's task. This book is not likely to give a clear grasp of the subject to any one except the author himself and is additional evidence of the futility of depending upon the categorical reflective in the clinical study of total human reactions.

MARTIN W. PECK.

Boston Psychopathic Hospital.

GENETICS: AN INTRODUCTION TO THE STUDY OF HEREDITY. By H. E. Walter. Revised Edition. New York: The Macmillan Company, 1922. 354 p.

The psychiatrist is, or should be, an intellectual mediator between the biological investigator and the social worker. His scientific training gives him an insight into purely biological matters deeper than that characteristic of the average practical sociologist, while his professional duties bring him into contact with actual cases of human deficiency and weakness far more intimately than is usual with the biologist. If thoroughly equipped, the psychiatrist is thus in a position to appreciate the problems presented by real life, to understand the results of scientific investigation, and to estimate the practical value of measures of reform. What is to be the stand of the specialist in mental hygiene in regard, for instance, to the proposals of eugenics?

Here is a subject of vital importance to humanity, bearing on a thousand matters of practical interest, such as education, immigration, marriage, the strength of the state, labor, trade unionism, and what not. Modern biology has shown conclusively that the questions implied here cannot be answered by an appeal to the old environmentalist philosophy; fundamentally their solutions must be based upon the principles of heredity, dimly glimpsed in the past by practical breeders of plants and animals and now formulated, through the

brilliant discoveries of recent years, into the new science of genetics. The student of modern social problems must master this new revelation, if for no other purpose than properly to appraise the proposals of the eugenists, and there is no better guide than Walter's *Genetics*.

Professor Walter of Brown University is not a research student of heredity, but he has assimilated the scattered literature of the subject and has presented the whole in a manner at once clear, readable, and perfectly adequate. As he says in his preface: "There may be a certain advantage in having as spokesman one who is not at present immersed in arduous technical investigations. The difficulties in understanding this complicated subject may possibly be realized better by one who is himself still struggling with them than by the seasoned expert who has long since forgotten that such difficulties exist." In the beginning the author makes clear that each individual is the resultant of three forces: environment, heritage, and response. The second is the unchangeable side of the triangle, fixed at birth; and it is also the most important, since it irrevocably predetermines the limits of possible accomplishment; moreover, the last is in reality dependent upon it, though the author hardly makes this clear. For the sociologist this obstinate, fixed character of hereditary traits is the outstanding fact of modern genetics.

Fifteen chapters are devoted to variation, Mendelism, the problems of acquired characters, the determination of sex, the behavior of the chromosomes, the application to man (eugenics), and numerous less familiar topics, all explained in clear and simple language, with a wealth of apt analogies and cleverly constructed original diagrams. It is impossible to go further into detail within the limits of a brief review; every psychiatrist should own the book and let it speak for itself.

HOWARD MADISON PARSHLEY.

Smith College.

THE DEVELOPMENT OF AMERICAN PRISONS AND PRISON CUSTOMS, 1776-1845; WITH SPECIAL REFERENCE TO EARLY INSTITUTIONS IN THE STATE OF NEW YORK. By O. F. Lewis, Ph.D. Albany: Prison Association of New York, 1922. 349 p.

In Mr. George W. Wickersham's appreciative foreword to this posthumous volume he says that Dr. Lewis spent some five years in gathering material for it. The book certainly gives ample evidence of an enormous amount of painstaking and scholarly work on the part of its author, and happily for the reader the results of this research are admirably presented, and illuminated by a wealth of allusion to more modern instances and theories. The period studied

is in itself a rather dreary and unpromising one, in which the most constructive ideas that pushed their way through the arid soil suffered the fate of things that "come before their time", but it is undoubtedly an important one, as the foundations were then laid of a repressive system of prison discipline that has endured with too little modification for many generations.

During the seventy years that Dr. Lewis chose for this study there were, he points out, three distinct waves of prison reform, the first beginning in 1787, the second in 1820, and the third in 1840. He shows how the Quakers of Pennsylvania, who were the first to be impressed by the failure of the methods of corporal and capital punishment and of imprisonment without discipline, were inspired to work out a more decent and humane system, which served as a pattern of construction and administration for the first state prisons of many other states. Some of these made a fairly good beginning, according to the lights of the times, but most of them in a few years became more or less demoralized by the inevitable failure of accommodations inadequate for an increasing population and methods of management based on no clear understanding of the human problems involved.

To comprehend this period, "it must be remembered that the wickedness and the evil supposed to be lodged in the prisoner were far more keenly sensed, far more unquestioningly believed in, than is the case to-day", Dr. Lewis reminds us. "And for a community that believed inflexibly in the existence of a state in the hereafter of everlasting torture for evil done in this world, and unrepented of, it was surely not difficult to concede and even argue the propriety and necessity of severe punishments in prison for evil done in defiance of law."

Much space is given to the development, in the decade from 1820 to 1830, of the two systems of prison construction and discipline, the Auburn and the Pennsylvania, which were for so many years the prime subject of controversy among the theorists concerned with prison problems, both in this country and in Europe. Both systems were based on the total prohibition of communication between prisoners, but the former allowed them to work together in silence, while the latter kept them in their solitary cells for work, and withheld from them the sight as well as the sound of their fellows. Apparently the discipline at Auburn was cruelly severe and unjust, while at the Eastern Penitentiary of Pennsylvania the officers were more just and kindly; but impartial observers from France who visited American prisons in 1831 found that at Auburn the prisoners were "more severely treated", at Philadelphia they were "more unhappy"; that "at Auburn, where they were whipped, they died less frequently than

at Philadelphia where, for humanity's sake, they were put in a solitary and somber cell".

The idea that for ordinary human beings some degree of social life is as essential to mental health as food is to physical health seems not to have occurred to the philosophical minds of that day. It is, indeed, characteristic of the period that the same theorists who considered the convict a totally depraved creature should still regard him as of such capacity as to derive great benefit from the opportunities for reflection afforded by prolonged solitary confinement.

The excesses of solitude and silence to which prisoners were subjected doubtless caused more mental disease than was recognized. "Feigned insanity" was frequently a diagnosis of what was probably a real disease. Dr. Lewis says, "Tragedies innumerable and unrecorded occurred without question among the imprisoned insane. Much of the incentive to brutal punishments arose undoubtedly from the inability of the mentally sick to obey the prison rules and perform satisfactorily the stints of work set for them, stints that were frequently severe, even for the able-bodied." Throughout the book there are numerous references to the evidences of the benighted attitude toward both mental and physical disease that prevailed. "To counteract the tendency to attain the hospital, severe penalties were affixed to feigned illness, and admission to the hospital was granted only on proof that was often so adequate as to bring about also the speedy death of the patient, because of the delays in proper medical or surgical treatment."

The book pictures in considerable detail the outstanding prisons in Pennsylvania, New York, Massachusetts, and Connecticut that influenced the development of others throughout the country, and more briefly outlines the early history of prisons in a number of other states. There are some truly gruesome accounts of prisons established in abandoned mines and other pestiferous spots, and a chapter on that "weakest link in the American penal system", the county jail. Toward the close of the book the author describes the two early juvenile reformatories in New York and Massachusetts, and shows with how surprisingly modern a spirit they began their work, under men with a real understanding of children, and how soon these men and the children under them were sacrificed to the unreadiness of the public for a treatment even of child offenders on a basis of individualization and encouragement instead of generalization and repression.

MARY VIDA CLARK.

New York City.

NOTES AND COMMENTS

Illinois

The bill providing for a survey of specially handicapped children of school age, which was mentioned in the April, 1923, number of *MENTAL HYGIENE*, has been enacted. The survey, which is to be conducted by the state department of public welfare, must be completed within two years, and include the numbers, locations, and types of specially handicapped children. The state department of public welfare must, in coöperation with representatives assigned by the departments of public health and public instruction and the Chicago Board of Education, prepare a report containing the findings and recommendations. The types of children to be included in the survey were described in the April, 1923, issue. The superintendent of public instruction is authorized to appoint a director of classes for specially handicapped children, who shall assist in grouping the types and organizing them into suitable classes. The law carries an appropriation of \$60,000.

Michigan

A new law authorizing the sterilization of mentally defective persons has been enacted. A sterilization law was passed in 1913 in this state, but was declared unconstitutional by the state supreme court in 1918. The new law does not include "insane" persons, as the former one did, but is applicable only to persons who have been adjudged mentally defective by a court of competent jurisdiction. Before sterilization is ordered there must be a court hearing, after ten days' notice, and the defective must be examined by three reputable physicians. After the hearing the court may order X-ray treatment or operation to render the defective/incapable of procreation, if it is found:

"1. (a) That the said defective manifests sexual inclinations which makes it probable that he will procreate children unless he be closely confined, or be rendered incapable of procreation;

"(b) That children procreated by said adjudged defective will have an inherited tendency to mental defectiveness; and

"(c) That there is no probability that the condition of said person will improve so that his or her children will not have the inherited tendency aforesaid; or

"2. (a) That said defective manifests sexual inclinations which

make it probable that he will procreate children unless he be closely confined, or be rendered incapable of procreation; and

"(b) That he would not be able to support and care for his children if any, and such children would probably become public charges by reason of his own mental defectiveness."

The court may, with the consent of the parents or guardian, order such treatment or operation, whenever it shall be found that the mental or physical condition of the defective would be substantially improved thereby, or that such operation or treatment is otherwise for his welfare. Any defective has the right to appeal from the order of the court.

New Hampshire

The sum of \$400,000 was appropriated by the 1923 legislature for the construction of a new building for disturbed women patients at the New Hampshire State Hospital.

The New Hampshire School for Feeble-minded has been granted an appropriation of \$6,000 for equipping a farm to be used as a colony for boys.

New York

Chapter 881, Laws of 1923, authorizes increases of ten dollars a month in the wages of those employees in the state hospitals who are engaged in ward, domestic, kitchen, bakery, or laundry services.

The maximum period of detention of mental patients in psychopathic wards has been increased from ten days to thirty days, by the terms of Chapter 226, Laws of 1923.

Oklahoma

Under the name of "The Oklahoma Rehabilitation and Industrial Institute", there has been created a state institution for drug and liquor addicts. Patients may be committed to this institution or received upon voluntary application. All persons adjudged to be drug or liquor addicts, and as such committed to this institution, shall be committed for a period of six months. In case a patient is released and again becomes a drug or liquor addict, the state commissioner of health shall have the right to order such person recommitted to the institution. The institution is to be under the control of the state commissioner of health, who shall appoint as superintendent a practicing physician, skilled in the treatment of drug and liquor addicts, and an assistant superintendent with like qualifications.

A separate ward building, to be devoted exclusively to the care and treatment of discharged ex-service persons with mental or nervous disorders, has been authorized at the Central State hospital. An appropriation of \$100,000 has been made for this purpose. All ex-service persons with mental or nervous disorders who are confined in other public institutions in the state shall be transferred to this new building upon its completion.

Pennsylvania

The Mental Health Act of 1923 contains a number of noteworthy features. This act modernizes and standardizes the former laws, bringing them together in such a way as to make a consistent whole. The terms "mental illness" and "mental diseases" replace "lunacy", "insanity", and "unsoundness of mind", except in cases where criminal law is involved. "Mental defective" is used instead of "idiot", "imbecile", and "feeble-minded". Licensing power is extended to include all places where any kind of mental patient is received for remuneration.

The provision for voluntary admission, which formerly allowed a period of thirty days with the privilege of renewal, has been extended indefinitely. This provision now applies also to epileptics, inebriates, and indigent patients. The commitment procedure is modified somewhat, the principal change being a new provision for commitment by court order on the sworn certificate of two physicians. Three important new provisions are admission for temporary care, emergency commitment, and commitment for observation.

Before the passage of this law the three state institutions for mental defectives had different methods of admission. Now there are uniform provisions for them all. Epileptics dangerous to themselves or to others may be admitted to a hospital for mental diseases in the same manner as the mentally ill.

Authority to transfer "insane" patients has been extended to include all types of mental patient except those under sentence by court for criminal offenses or acquitted on grounds of insanity. The right to discharge mental patients is given to trustees or superintendent except in case of those convicted, those acquitted on grounds of insanity, and mental defectives and inebriates committed by court, in which cases a court order is required. Provisions are also included for interstate negotiations for return of escaped patients. The parole provision has been extended from sixty days to one year.

The names of the state hospitals for mental diseases and the state institutions for mental defectives have been changed by law to read

as follows: Allentown State Hospital, Danville State Hospital, Farview State Hospital, Harrisburg State Hospital, Norristown State Hospital, Torrance State Hospital, Warren State Hospital, Wernersville State Hospital, Laurelton State Village, Pennhurst State School, and Polk State School.

Rhode Island

The name of the Penal and Charitable Commission has been changed by legislative enactment to the State Public Welfare Commission.

A bond issue of \$600,000 has been authorized, proceeds from which are to be devoted to the state's several institutions. The state institution for mental defectives is to receive \$176,000, and the state hospital for mental diseases, \$153,000, for new construction, equipment, furnishings, and improvements.

South Carolina

The name of "The State Training School for the Feeble-minded", which was established in 1918, has been changed by law to "The State Training School".

Texas

A law governing commitments to the state colony for feeble-minded has been enacted. Formerly the manner and conditions of admission have been prescribed by the board of managers. Preference is to be given to women of child-bearing age and teachable children of both sexes. The law provides for parole, in the discretion of the superintendent and board of control, for any term or for an indefinite period, which parole may be revoked at any time.

Utah

Utah has been added to the list of states that allow voluntary admission to their state hospitals for mental disease. It is the thirtieth state to take such action. The following text of the Utah law is given in full on account of its comprehensiveness and the simplicity of its expression:

"The superintendent of the state mental hospital may receive and detain as a patient for a reasonable time, when there is room in the treatment building, any suitable person who is in an incipient state of mental derangement, who desires treatment and who voluntarily makes written application to the superintendent for admission and who is competent to make such application. The application must be

accompanied by the certificate of a reputable physician that the applicant is a fit subject for admission.

"The superintendent may discharge a voluntary patient upon recovery or because further treatment in the hospital may be unnecessary or undesirable.

"A voluntary patient may not be detained for more than seven days after having given notice in writing to the superintendent of his desire to leave, provided that should the superintendent deem it unsafe to release such patient, he shall make application to the judge of the fourth judicial district to have the patient regularly examined before such court as to his sanity.

"The expense for the care and treatment of such patient shall be borne by the applicant or by his relatives or friends or authorized by the board of county commissioners of the county in which he resides."

Vermont

The civil administration of the state government has been reorganized into the following six departments by an act of the 1923 legislature: finance, public welfare, public health, highways, agriculture, and education. The department of public welfare, under the direction of a commissioner of public welfare, who is appointed by the governor with the advice and consent of the senate, succeeds to the rights, powers, and duties that have been vested in the director of state institutions, in the board of charities and probation, and in the state probation officer, in the governor as commissioner of the deaf, blind, feeble-minded, or epileptic children of indigent parents and as commissioner of indigent tuberculous persons, in the board of trustees of the Vermont Sanatorium and other hospitals for the treatment of tuberculosis, and in the state board of supervisors of the insane.

BRITISH NATIONAL COUNCIL FOR MENTAL HYGIENE ELECTS MR. BEERS AN HONORARY MEMBER

The July, 1923, issue of the *Journal of Mental Science*, the official organ of the British Medico-Psychological Association, contains the following account of the first ordinary general meeting of the National Council for Mental Hygiene of Great Britain, which was held in London at the House of the Royal Society of Medicine, Wednesday, June 27.

"After certain formal business had been transacted, Lieutenant-Colonel J. R. Lord, C.B.E., M.B., Joint Honorary Secretary, in proposing the election of Mr. Clifford W. Beers (who was present) as an honorary member of the council, said:

“ ‘Mr. Chairman, Ladies and Gentlemen, it is a happy augury for the success of our council that we should, at this early stage, have in our midst the mind that conceived the great movement of which the National Council for Mental Hygiene of Great Britain is the latest expression. I refer to Mr. Clifford W. Beers, a citizen of the United States and secretary of The National Committee for Mental Hygiene, New York. The Grand Amphitheatre of the Sorbonne, Paris, has only just ceased to reverberate with the welcome given him by our sister league of France. We are not yet, unfortunately, in a position to hold a demonstration of that magnitude to further the objects of our council, an occasion more fitting than the present one to greet Mr. Beers, but, nevertheless, our welcome is not less hearty and our homage not less sincere.

“ ‘To narrate the splendid part Mr. Beers has played in the inauguration of the mental-hygiene movement is not my particular object this evening. I quite recognize that this is not an occasion when one could do justice to so great a subject. I need only remind you that Mr. Beers, on recovery from a mental breakdown and having acquired personal knowledge as a patient in both private and public mental institutions, wrote a book in 1908, which he named *A Mind That Found Itself*. His object was to point out that mental disease as a public-health problem was one of vast importance, and needed the earnest attention of all thoughtful people. The importance of that book was enhanced by the fact that it was written by a man of education and of more than usual powers of observation. Following this, he formulated a plan for an organized mental-hygiene movement. His activities first began in his native state of Connecticut, where the first mental-hygiene society was founded in 1908. The National Committee was created in 1909, and by 1912 had on its roll of members the names of many of America's most illustrious men—judges, lawyers, physicians, educationalists, clergymen, political economists, and so forth. It has already a record of achievements to be proud of, and it is now the most powerful agency for the amelioration of the mentally afflicted that America has seen since the time of Dorothea Dix. More than 20 states of America have state mental-hygiene societies. The movement has spread to Canada, France, Belgium, South Africa, Great Britain, and lately Brazil, and representatives of 10 countries conferred with Mr. Beers in Paris regarding plans for a projected international congress and the organizing of national leagues in countries where they have not yet been established. Among them are Italy, Spain, Czechoslovakia, Hungary, Denmark, and Norway.

“ ‘So that which lies to the credit of Mr. Clifford W. Beers is no mean achievement.

" 'The progress of mankind is the history of great movements rather than a gradual evolution.

" 'Some of these movements seem to have arisen as it were spontaneously, to have been of the nature of a common impulse, the origin of which remains a puzzle to historians. At other times, impelling personalities, great orators, lawgivers, and mighty men at arms have driven men onwards, but only, as a rule, with passing effect. The greatest movements which have tended to the permanent uplifting of mankind have, as a rule, had their origin in some factor, incident, or circumstance small in comparison with the results, the instrument being of humble rank. Innate in such, however, there seems to have been a power, a force, which, figuratively speaking, has been capable of moving mountains. They have been able to alter completely the direction of human energy and revolutionize human thought and aspirations. Witness the far-reaching effect of the simple experiments of Isaac Newton, the philosophy of Bacon, the genius of Galileo, the writings of John Locke, the journeyings of John Wesley, the heroism of Florence Nightingale, let alone the works of Harvey, Howard, Darwin, Lister, and many others.

" ' *A Mind That Found Itself* was something more than a classic in psychiatric literature. It was at once an inspiration, a message, an impelling force, a call which could not be resisted. Its power has already made itself felt in four continents, and will find its greatest opportunity when the First International Congress of Mental Hygiene meets at Washington in 1925, out of which will grow an international committee or league to coördinate and stimulate the work of the various national mental-hygiene organizations.

" 'Honor be to him who in his own country has stirred men's minds to realize at last that the mental health of the people is the most important factor in human efficiency and in human happiness, and is the only true basis for the greatness of a nation.

" 'Honor also be to him that a national council for mental hygiene was established in May, 1922, in this country. Dr. Bond, in that remarkable address as president of the Medico-Psychological Association in July, 1921, thus foreshadowed its foundation: "My address might perhaps better have taken 'Mental Hygiene' as its title, for, indeed, such suggestions as it contains have as their ultimate goal the promotion and preservation of mental health. Even should all these proposals mature, pruned and added to as none better than the Medico-Psychological Association is capable of doing, all the work requisite for that preservation will not have been overtaken. It is, therefore, of good augury that an idea is afloat to establish in this country a national committee for mental hygiene on the lines of that

body of men and women who, under that name, have been for the past thirteen years doing such magnificent work in the United States, and out of whose example similar committees have sprung up in the Dominion of Canada and are contemplated elsewhere in the dominions, and also, as Dr. Henri Colin of Paris will explain to us, in France."

"Mr. Clifford W. Beers has already our gratitude and our respect and esteem; we would also have his closer fellowship, and I have the honor to propose that he be elected an honorary member of this council.' (Applause.)

"Dr. Helen A. Boyle seconded and the motion was unanimously agreed to.

"Mr. Clifford W. Beers in his reply brought greetings from the American committee and thanked the council for the honor done to him, which he greatly appreciated. In an interesting speech he expressed his willingness to do all in his power to further the movement in this country."

PERIODIC HEALTH EXAMINATIONS

A nation-wide campaign for periodic health examinations was launched on July 4 by the National Health Council, which includes in its membership fourteen of the leading national health organizations in the country. The American Medical Association, which is represented in the council by its Council on Health and Public Instruction, voted at its last annual meeting to coöperate in the campaign which, therefore, assumes the support of the medical profession throughout the country. The object of the campaign is to bring before the public the importance of periodic examinations as a step in the prevention of illness and to urge all those who will to "be examined on your birthday". An effort will be made during the year to induce at least ten million people to have health examinations. The council defines a health examination as a thorough physical and mental examination by a competent physician.

For the purpose of the campaign state and local committees are being formed throughout the country. The National Committee for Mental Hygiene urges that all those interested in mental hygiene coöperate with their local committees. Of all illnesses, mental illness is probably the most insidious and yet it has its well-established signs. The periodic health examination will add assurance and confidence to those in good physical and mental condition; it will discover at a favorable time many incipient physical illnesses; it should bring a greater efficiency, happiness, and health to those with incipient nervous and mental illness. It is an excellent step in mental hygiene.

MINIMUM STANDARDS FOR COURSES OF TRAINING IN OCCUPATIONAL THERAPY.

The American Occupational Therapy Association has been urged for several years past to promulgate standards for the training of occupational therapists. Through the efforts of several committees which have reported at annual meetings, very careful and comprehensive studies of the matter have been made. After serious consideration, the board of managers has decided that the time is ripe for the publication of the minimum standards of training which the studies indicate as being requisite and necessary at this time.

The board realizes that from time to time in the future it may be advisable to change these standards, probably in the direction of an increase in the requirements in several phases. It is believed, however, that the standards as now issued provide a fair and workable basis for the training of occupational therapists, and that they represent the consensus of opinion on the subject of the great majority of those interested. It must be remembered that, on the one hand, the association had to consider the views of some members who believe that a much longer course of training should be required. On the other hand, the success of many workers who were trained in one or other of the numerous short courses established to meet the urgent needs of the war hospitals led some members to believe that a very much shorter course would suffice. Opinions varied also on the standards for admission to training courses. The board of managers has given serious consideration to the various views expressed and has endeavored to avoid the Scylla of placing the requirements so high that too few students would undertake the training, and, on the other hand, the Charybdis of lowering the standards of the work by making the requirements for training too low.

The board further recognizes the fact that the association will doubtless be called upon to decide whether certain schools shall be "recognized" as meeting the standard requirements. It is believed, however, from past experience that all the existing schools will welcome the establishment of definite standards. In point of fact, the studies and inquiries made by the committees of the association have already resulted in a general adherence to certain standards.

It is further believed that it will be advisable, in the near future, to establish a national register of qualified occupational therapists, a duty that might well be undertaken by the association. Graduates of schools that offer courses in accordance with the standard training requirements would be automatically eligible for enrollment on this register, although it might be well to require that graduates provide, in addition, evidence of satisfactory service in some phase of occupational therapy for one year subsequent to graduation.

As with registration in allied professions, arrangements will probably have to be made to admit to the register occupational therapists already at work, on production of evidence of satisfactory service for a given period.

The board includes in its preliminary statement a reference to the need for the establishment, at one or more points in the country, of short, intensive training courses for postgraduate work. Many occupational therapists have expressed a desire for summer courses which would not only offer medical and general lectures in what may be termed the theoretical side of the subject, but would provide opportunities for training in the arts and crafts. From the inquiries received on this matter, it seems likely that if such a course could be established at, or in connection with, one or more of the training schools, many workers would welcome the opportunity to improve their professional knowledge and skill.

I. Prerequisites for Admission.

1. Age.

Candidates for admission to training courses shall be of such an age that they will be not less than twenty years old at graduation.

2. Education.

All candidates must produce evidence of having received a high-school education or its equivalent. In addition, it is desirable that all candidates shall have taken at least one year of special training in some field, such as pure or applied art and design, arts and crafts, social service, or advanced academic work in some specified subject; but successful employment or actual commercial experience in such lines may be accepted in lieu of training in a school or other institution in this regard.

3. Character.

All candidates will be required to present evidence of good character and general fitness.

4. Health.

A medical certificate of good physical and mental health must be presented.

5. Probationary Period.

Training schools may reserve the right to exclude a student at the end of a period of thirty days from the time of admission if, in the opinion of the faculty, the student has not shown aptitude for the work, or has not the proper personality, and is, therefore, not likely to succeed as an occupational therapist.

6. Credits.

The allowance of credits for previous special training is properly a matter for which individual training schools will make suitable regulations.

II. Length of Course.

The minimum length of course shall be twelve calendar months. The hours of work and lectures shall be not less than six daily.

III. Content of Course.

1. General.

The course shall include not less than eight months of theoretical

and practical work, and not less than three months of hospital-practice training under supervision.

2. Theoretical Work.

The theoretical work shall include lectures on the following subjects: the several principal fields of medicine and surgery; psychology; physiotherapy (with demonstrations); medical social service (with demonstrations); psychiatric social service; social relations (general sociology); the several types of hospitals, as general, mental and nervous, tuberculosis; hospital ethics and management, with particular reference to the relations between the occupational therapist and the hospital organization; personal hygiene; mental hygiene; the history and theory of occupational therapy; the history and development of arts and crafts and their relation to civilization; the theory of design; the history and development of art; modern industry and the factory system; the relation of occupational therapy to vocational rehabilitation, including the working of the Federal Industrial Rehabilitation Act; diseases of children.

Not less than seventy-five hours shall be given to lectures. It is particularly desirable that adequate instruction shall be given in:

- (a) Psychology, normal and abnormal.
- (b) Anatomy, kinesiology, and orthopedics.
- (c) Mental diseases.
- (d) Tuberculosis.
- (e) General medical cases, including cardiac diseases.

3. Practical Work in Arts and Crafts.

Training in arts and crafts shall include work in the following subjects: Woodworking, including toy making, wood carving, and brush making; weaving, including spinning, hand- and foot-power looms, up to six-harness looms; basketry, including work in willow, rattan, raffia, cane, rush, and fiber; metal work and jewelry, including sheet-metal work in tin, copper, and brass; leather work, including simple book-binding; mat and rug making; plastic work, including modeling in clay and composition, pottery and cement work; needle crafts, including petit point and simple garment making; stenciling and block printing; dyeing, including batik and tied work; knotting, netting, and cord work; applied design; mechanical drawing.

Not less than 1,080 hours shall be devoted to instruction and practice in practical handiwork, including drawing and design. It is particularly desirable that considerable time be devoted to, and adequate instruction provided in, the following crafts and their subdivisions: Woodworking, weaving, basketry, metal work and jewelry, drawing and applied design.

Schools are at liberty to arrange that work in minor crafts may be done out of school hours.

Throughout the course, some properly qualified member of the staff should be given the duty of interpreting, in terms of practical work, as far as may be possible, the theoretical lectures, especially those on psychology.

THE INTERNATIONAL MENTAL HYGIENE MOVEMENT

Mr. Clifford W. Beers, secretary of The National Committee for Mental Hygiene, has recently returned from a three-months trip to Belgium, France, and England, made in the interests of the projected international congress of mental hygiene, which it is hoped will be

held in this country in 1925, and the international committee that is to grow out of the congress.

In each of the three countries visited, Mr. Beers found genuine interest in mental hygiene and in the international congress. In Belgium he had private audiences with King Albert and Cardinal Mercier, and a reception was given in his honor by the Belgian League for Mental Hygiene.

The French League for Mental Hygiene had arranged to have a number of delegates from other countries in Paris, to meet Mr. Beers and discuss the international congress. A meeting and dinner for these delegates was held at the home of Dr. Antheaume, one of the most active officials of the French League. Seventeen persons were present, representing the following countries: France, Belgium, Great Britain, Italy, Czechoslovakia, Spain, Denmark, Norway, Canada, and the United States. The general plan for an international congress and an international committee was approved, and those present who were not already members of the organizing committee were added to its membership—namely, Dr. G. C. Ferrari, Italy; Dr. L. Hoskovec, Czechoslovakia; Dr. Rodriguez Arias, Spain; Dr. Helen Boyle, England; Dr. Virrgo Christiansen, Denmark; and Dr. Evensen, Norway. Dr. Gustave Olah, of Hungary, who arrived later in the week, was also made a member of the committee. The delegates from countries in which there are not already national organizations for mental hygiene will endeavor to set on foot national movements as well as to arouse interest in the international congress.

On May 29, a meeting was held under the auspices of the French League in the Grand Amphitheatre of the Sorbonne. The hall was filled to its capacity—3,500—and 2,000 persons were turned away. Addresses were made by Dr. Toulouse, founder and president of the French league; Dr. Genil-Perrin, secretary of the French league; M. Godard, of the Ministry of Justice; Dr. Claude, professor of psychiatry in the University of Paris; Dr. August Ley, of Brussels; and Mr. Beers, whose remarks were interpreted by Dr. Ley.

While in Paris Mr. Beers had interviews with M. Clemenceau and with M. Paul Bourget, as well as with a number of prominent members of the American Colony.

In London, Mr. Beers attended the first general meeting of the British National Council for Mental Hygiene and was elected to honorary membership in that organization.¹

He spoke at the annual dinner of the Medico-Psychological Association, at a drawing-room meeting in the home of Sir Maurice Craig, to

¹ See pages 882-85.

special groups at Cambridge and Oxford, and at a public meeting in Caxton Hall, held under the auspices of the National Council. He also broadcasted a brief account of the mental-hygiene movement and the National Council for Mental Hygiene.

Mr. Beers found that the British National Council is deeply interested in the projected international congress for mental hygiene, believing that it will give great impetus to the now world-wide movement for the promotion of mental health and the prevention of nervous and mental disorders and mental defect.

RESEARCH PROGRAM OF THE COMMITTEE ON SCIENTIFIC PROBLEMS OF HUMAN MIGRATION

Following the general conference on migrational problems held in the offices of the National Research Council, November 18, 1922, the Committee on Scientific Problems of Human Migration, with the assistance of groups of specialists, prepared an initial program of research which has been approved by the executive board of the council and which the trustees of the Laura Spelman Rockefeller Memorial have agreed to support to the extent of \$60,000.

The program includes the following main lines of research:

1. Studies looking toward the internationalizing or universalizing of methods of mental measurement. Work in charge of Dr. Robert M. Yerkes, chairman of committee, and Professor Carl C. Brigham. Location, Ellis Island and Princeton University.
2. Investigation of primitive forms of human response and development of methods of measuring same. In charge of Professor Raymond Dodge, Wesleyan University, Connecticut.
3. The development of methods of systematically analyzing, measuring, and evaluating human personality. Under direction of Professor W. V. Bingham and C. S. Yoakum, Carnegie Institute of Technology, Pittsburgh.
4. Analysis and development of methods of measuring general and special mechanical abilities. In charge of Professors R. M. Elliott and D. G. Paterson, University of Minnesota.
5. Study of the influence of race upon pathology, as indicated by autopsy protocols. Under the direction of Professor Raymond Pearl, Johns Hopkins University.
6. A study of physical inheritance and environmental changes among the offspring of mixed marriages. Directed by Dr. Clark Wissler, American Museum of Natural History, New York City.
7. A study of the need for labor in the United States in relation to immigration and emigration. Directed by Dr. Wesley C. Mitchell, National Bureau of Economic Research, New York City.
8. Survey of available data and sources of information in European countries relative to conditions and causes of migration. Conducted by Professor Henry P. Fairchild, New York University.

Preliminary steps have already been taken toward the organization of the work.

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MEMORANDUM

DATE: 10-1-39

TO: THE AVENUE

FROM: [illegible]

SUBJECT: [illegible]

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GENERAL PRINCIPLES

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